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TODD AND BOWMAN'S PHYSIOLOGY, SIXTEEN PAGES.

MEDICAL PROGRESS.

Abstract of the Proceedings of the Second Annual Meeting of the Kentucky State Medical Society.—The second annual meeting of this Society, was held in Louisville, on the 20th day of October, 1852, the President, Dr. W. L. Sutton, in the chair.

The roll having been called, a number of candidates for membership were proposed.

After transacting some unimportant business, the Society took a recess until 3 o'clock.

3 *o'clock, P. M.*

The Society met pursuant to adjournment, the President in the chair.

Forty-five members were elected.

Dr. Breckenridge, on the mode of proceedings, reported.

Upon motion of Dr. L. P. Yandell, Drs. Clapp, Leonard, and Steele, of New Albany, Ind., were invited to take part in the proceedings.

On motion of Dr. Raphael, a Committee was named to draft a set of by-laws for the Society, to report to-morrow.

Drs. Raphael, Dudley, and Drane were appointed.

Dr. Bell presented to the Society a form for a Case-Book, drawn up by the President, which he wished to refer to a committee to report upon.

Drs. Bell, Foree, and Chipley were appointed.

Upon motion of Dr. Bell, the order of proceeding was so far modified as to permit Dr. Chipley, Chairman of the Committee on Vital Statistics, to read his report.

On motion of Dr. Evans, it was received, and referred to the Committee on Publication.

On motion of Dr. Gross, the Society adjourned to 7½ o'clock.

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Night Session.

The Society met according to adjournment.

Several new members were elected.

Dr. Chipley nominated Dr. Elisha Bartlett of New York, Dr. Gross nominated Dr. Drake of Cincinnati, and Dr. Yandell nominated Dr. Deadrick of Tennessee, as honorary members of this Society, which nominations were concurred in.

Dr. Miller offered the following resolutions, which were ordered to be laid over until to-morrow:—

Resolved, That the members of this Society will faithfully comply with the regulations of the registration law passed at the last Session of the Kentucky Legislature, and do what they can to have it complied with throughout the State.

On motion of Dr. Bell, an invitation was extended to Dr. Charles Caldwell, to visit the Society during its sittings, and participate in its deliberations.

The President, Dr. Sutton, read his annual address, which was received and referred to the Committee on Publication.

The Society then adjourned to 10 o'clock to-morrow.

Second Day's Proceedings.

The Society met and was called to order by the President, the minutes of yesterday were read and adopted.

Dr. Gross moved the appointment of the following committees, to report at the next annual meeting of the Society, or as soon thereafter as practicable:—

1. On Medical Biography, or the lives of meritorious or distinguished Physicians and Surgeons of Kentucky.
2. On Medical Literature, or the History of the Medical Authorship of Kentucky.
3. On the Relations between Diseases and Peculiar Geological Formations.
4. On the Statistics of Hernia.
5. On the Statistics of Lithotomy and Calculous Diseases.
6. On the History and Mode of Management of Hospitals, Asylums, Infirmaries, Penitentiaries, and Prisons.
7. On Suits for Mal-Practice.
8. On the Results of Surgical Operations in Malignant Diseases.
9. On Epidemic Erysipelas.
10. On Epidemic Dysentery.
11. On Typhoid Fever.
12. On Placenta Prævia.
13. On the Statistics of Remedies in Diseases.

On motion of Dr. Gross, Dr. Drake, of Cincinnati, was invited to take part in the deliberations of the Society.

Dr. Thompson, on behalf of the Physicians of Louisville, invited the Society to partake of a festal supper at the Louisville Hotel, on to-morrow night.

The Society, on motion, proceeded to ballot for officers. A number of gentlemen were put in nomination, and after several ballotings, Dr. Chipley, of Lexington, was elected President.

Dr. Peters moved that a committee consisting of one member from each county represented, and one from the city of Louisville, be appointed to nominate candidates to fill the remaining offices, which was adopted.

Dr. Gross moved that the reports of Standing Committees be made in the order in which they are reported in the proceedings of the first annual meeting.

The following committees failed to make their annual reports, viz.:—

The Committee on Arrangements, the Committee on Practical Medicine, the Committee on Improvements in Pharmacy, and the Committee of Public Hygiène.

Dr. Evans, Chairman of the Committee on Ethics, read his report, which was received and referred to the Committee on Publication.

The Society then adjourned to 3 o'clock, P. M.

Evening Session.

The Society met according to adjournment, and was called to order by the President.

The Nominating Committee made the following report:—

They nominate the following gentlemen to fill the offices attached to their names. For Senior Vice-President, Dr. E. C. Drane, of New Castle; for Junior Vice-President, Dr. A. Evans, of Covington; for Recording Secretary, Dr. Snead, of Frankfort; for Corresponding Secretary, Dr. Breckenridge, of Louisville; for Librarian, Dr. B. Monroe, of Frankfort; on Publications, Drs. Bell, Ronald, and Foree, of Louisville; the report was received and committee discharged.

The Society then proceeded to ballot for Senior Vice-President. Dr. Drane, having

received a majority of all the votes cast, was declared duly elected; Dr. Knight was elected Junior Vice-President; Dr. Snead, Recording Secretary; Dr. Breckenridge, Corresponding Secretary; B. Monroe, Librarian; and Drs. Bell, Foree, and Ronald, the Publication Committee.

Dr. Miller, Chairman of the Committee on Obstetrics, then read his annual report, which was received and referred to the Committee on Publication.

Dr. Sutton, Chairman of the Committee on Registration, read the annual report, which was received and referred to the Committee on Publication.

The Society then adjourned to half-past seven, P. M.

7½ o'clock, P. M.

The Society met according to adjournment, and after being called to order by the President, proceeded to the election of members.

Dr. Wible offered the following preamble and resolution, which were adopted:—

Whereas, Physicians are frequently called on to give evidence in courts of justice, to make *post-mortem* examinations, and institute investigations in cases of poisoning, services of a strictly professional character, requiring expense, time, and labour on the part of the physician; and, whereas, these services are often of great importance to the welfare of society, and as physicians ought not to be expected to perform these without remuneration, it is the opinion of the Kentucky State Medical Society that the interests of humanity demand that laws be enacted which will properly secure these services when required by coroners, and other officers of the law. Therefore, it is resolved that a committee of three be appointed to prepare a report to be read at the next annual meeting of this Society, on the subject presented in the foregoing preamble.

Dr. Darby, Chairman of the Committee on Epidemics, read the annual report, which was received and properly referred.

The Society, by a vote, decided upon Lexington as the place for holding the next annual meeting. The Society then adjourned till to-morrow morning at 10 o'clock.

Third Day's Proceedings.

The Society met at 10 o'clock A. M., and was called to order by the President.

Dr. Gross's resolutions, offered yesterday, were brought up and adopted.

A set of by-laws was adopted.

Dr. Gross, Chairman on Improvements in Surgery, made his annual report, which was received and referred to the Committee on Publication.

Dr. Spillman, Chairman of the Committee on Improvements in Pharmacy, also reported, which report was referred to the same committee.

Dr. Spillman, in connection with the above report, offered the following resolutions, which were adopted:—

Resolved, That this Society regard the cultivation of our own botany as essential to a full development of our professional resources, and to a more successful practice of our art.

Resolved, That the profession throughout the State, and the members of this Society particularly, be requested to give special attention to this subject, and, by cultivating the field of observation and research, in connection with the unexplored regions of vegetable nature within our own limits, ascertain to what extent the demand of the healing art can be supplied at home.

Resolved, That any physician discovering a new remedy, or a new property in one already known, or any information touching the medical botany of our State, that can be rendered practically available, be requested to communicate such information to the Chairman of the Committee on Indigenous Botany.

Resolved, That the Committee of Publication, at as early a day as practicable, by a brief circular or otherwise, communicate the objects embraced in these resolutions to the profession throughout the State; giving the name and location of the Chairman of the Committee on Indigenous Botany, and earnestly requesting contributions.

The President announced the following Standing Committees:—

Committee of Arrangements, Dr. Darby, of Lexington.

Committee on Practical Medicine, Dr. Foree, of Louisville.

Committee on Pharmacy, Dr. Silliman, of Louisville.

Committee on Vital Statistics, Dr. Sutton, of Georgetown.

Committee on Obstetrics, Dr. Powell, of Louisville.

Committee on Medical Ethics, Dr. Hewett, of Louisville.

Committee on Public Hygiène, Dr. Bell, of Louisville.

Committee on Epidemics, Dr. Bullitt, of Louisville.

Committee on Surgery, Dr. Flint, of Louisville.

Committee on Indigenous Botany, Dr. Emmett, of Pike County.

Committee on Finance, Dr. Letcher, of Jessamine County, and also the following special committees:—

1. On Medical Biography, or the lives of meritorious or distinguished physicians and surgeons of Kentucky, Dr. Breckenridge, of Louisville.

2. On Medical Literature, or the History of the Medical Authorship of Kentucky, Prof. L. P. Yandell, of Louisville.

3. On the relation between Diseases and Particular Geological Formations, Dr. Peter, of Lexington.

4. On the Statistics of Hernia, Dr. S. B. Richardson, of Louisville.

5. On the Statistics of Lithotomy and Calculous Diseases, Dr. Gross, of Louisville.

6. On the History and mode of Management of Hospitals, Dr. Raphael, of Louisville; do. of Penitentiaries and Prisons, Dr. W. C. Snead, of Frankfort.

7. On Suits for Mal-Practice, Dr. Spillman, of Harrodsburg.

8. On the Results of Surgical Operations in Malignant Diseases, Dr. Colescott, of Louisville.

9. On Epidemic Erysipelas, Dr. Owens, of Henry County.

10. On Epidemic Dysentery, Dr. Hynes, of Bardstown.

11. On Typhoid Fever, Dr. Fry, of Louisville.

12. On Placenta Prævia, Dr. Miller, of Louisville.

13. On the Statistics of Remedies in Disease, Dr. Louis Rogers, of Louisville.

Dr. Sutton offered the following resolution, which was adopted, and the same, with Dr. Wible's resolution of yesterday, were referred to a special committee, Dr. Wible, Chairman, with the privilege of adding such other members as he may wish:—

Resolved, That a committee be appointed to consider whether any, and if any, what measures can be brought into requisition, to lessen the heavy burthen of pauper practice, and report at the next annual meeting of this Society.

Dr. Thompson, Chairman of Committee on Finance, presented a report.

Dr. Bell, Chairman of Committee on Case-Book, made a report, which was received and referred to Committee on Publications.

The Society elected the following gentlemen as delegates to the National Medical Society:—

Dr. W. S. Chipley, of Lexington; Dr. Freeman, of Oldham County; Dr. W. C. Snead, of Frankfort; Dr. B. J. Raphael, of Louisville; Dr. T. S. Bell, of Louisville; Dr. Gore, of Bloomfield; Dr. Breckenridge, of Louisville; Dr. T. J. Moore, of Harrodsburg; Dr. Wible, of Louisville; Dr. John Hardin, of Louisville, and Dr. Hewett, of Louisville.

The Society then went into the election of Honorary Members, when the following gentlemen were unanimously elected: Dr. D. Drake, of Cincinnati; Dr. Deadrick, of Tennessee; and Dr. Elisha Bartlett, of New York.

On motion of Dr. Jacobs, the following resolution was unanimously adopted:—

Resolved, That the thanks of this Society be tendered the officers for the faithful, able, and impartial manner in which they have discharged their respective duties, and then the Society adjourned.

W. S. CHIPLEY, *President*.
W. C. SNEAD, *Recording Secretary*.

SKETCHES AND ILLUSTRATIONS OF MEDICAL QUACKERY.

Homœopathic Hospital Statistics. By W. T. Gairdner, M. D., Pathologist and Assistant to the Royal Infirmary of Edinburgh.—I am tempted to publish some notes on the subject of homœopathic hospital statistics, which were prepared by me six years ago for my own satisfaction, and which give, I think, a clearer view of the character of these mendacious documents than anything yet published. To one practically acquainted with the mechanism of hospital statistics, the following arguments will appear superfluous; and, indeed, I should consider them unworthy of publication, were it not apparent that many minds have been stunned and confused by the circumstantial character of the evidence so assiduously kept before the eyes of the public by the professors of quackery, and backed by the indiscreet con-

cessions of some of the avowed friends of science. Homœopathy has, in fact, found out the soft side of the present age, and, in working up its delusive "experience" into the form of statistical statements, has applied itself with great dexterity to meet the requirements of that inductive and numerical method which so largely prevails, and is often so blindly followed in our science. There are still too many cultivators of medicine in all its departments, who "strain at a gnat," in the shape of what they call speculation or theory, but are ready to swallow any amount of doctrine which professes to be founded simply on facts; and there are not a few, with whom, especially in therapeutics, a neatly elaborated statistical document is at all times sufficient to outweigh the principles and experience of centuries, if not written in hundreds, and tens, and units. For my own part, I am convinced that a blunder or a lie is no whit less untrue when repeated a thousandfold, mixed up with a questionable amount of truth, and published in a heterogeneous mass of statistics, than if it had been placed before the world in an isolated form. If good faith, sound judgment, and mature experience, be not at the root of an appeal to my convictions, the mere accumulation of instances, and their apparently exact statement in numbers, appears to me only the statement of cumulative error, in which the bias, the blunders, the dishonesty of the recorder may be assumed to be concealed by the difficulty of removing the rubbish he has collected around them. It is enough, with respect to homœopathic statistics, to know that they are collected by a few obscure hospital physicians, from cases selected, named, and treated without control, with the single object of procuring facts in aid of a preconceived therapeutical dogma, and with the knowledge that the organs of quackery are prepared to carry the results all over Europe to the public ear as an indubitable triumph. Suppose Dr. Fleischmann, for instance, to have selected and written down his cases under the same curious views of scientific morality which dictated the following appeal to ignorance against science, by a "regular and well-educated (homœopathic) physician:" "Common sense is quite competent to decide which of two systems of treatment is the best; that which has the greatest number of recoveries or that which has not." Are the facts collected under this view of the requirements of science likely to be scrutinized with the scepticism and judicial impartiality necessary, even in an honest mind, to produce a correct result? Or are we not rather justified in ascribing, *à priori*, to statements so collected and so guaranteed, the errors and vices of the most unscrupulous partizanship? The "facts" of Professor Holloway are attested by more impartial witnesses; the balance-sheet of Mr. Hudson had a far greater appearance of numerical exactness.

Let us assume, however, for a moment, that the "facts" of these boasted statistics are entitled to be received within the domain of science, and to be subjected to its ordinary processes of analysis. Let us make, for the sake of argument, the enormous concession, that the framers of homœopathic statistics, unlike all other crotchet-mongers, have proceeded with judicial impartiality and unerring accuracy in the naming of their cases, and have entirely avoided the temptations to "make things pleasant" by applying the most formidable names in the nosology to comparatively slight diseases. Let us admit that the deaths, admissions, etc., are correctly stated as to numbers; that every patient recorded as cured went forth rejoicing into society without a trace of his disorder remaining; and, in short, that the whole statement is constructed as if it had never occurred to Dr. Fleischmann and his coadjutors, any more than to an ordinary hospital physician, that the stability of his system depended upon the results he could show to the public and to his government; after all these admissions, what is the real scientific result of the homœopathic statistics? I do not hesitate to declare it to be my belief, after careful consideration of the subject, that the ratio of mortality, under the circumstances narrated, is enormously high. To prove my position, let me request your readers to follow me into a few details, which I venture to promise will be found easy to follow and to apply, and consequently equally easy, if erroneously applied, to confute.

The statistical homœopaths are clamorous in their demands for a comparison between the results of homœopathic and what they insultingly nickname *allopathic* hospitals. They point triumphantly to the contrast between Dr. Fleischmann's Hospital, at Vienna, conducted on their principles, and the general hospital of the same city, in which the ordinary treatment of disease, diversified

to some extent by Dr. Skoda's do-nothing system, is supreme. The disingenuousness of this comparison is of a piece with that of the appeal to public ignorance against the conclusions of science to which I have alluded in a former part of this communication. Every one familiar with the routine of hospitals knows well, that a large, well-known, and accessible institution, such as the recognized general hospital of a metropolis, will inevitably attract into its wards the most desperate, the most poverty-stricken, the most abandoned and forlorn cases to be found within its range, and will, by the very fact of withdrawing these, tend to improve the mortality-list of other smaller and less central institutions. The Hôtel Dieu at Paris, the Santo Spirito at Rome, Guy's, and others in London, attain in this way a high ratio of mortality, simply by the fact, that these are the popular hospitals of their respective districts. Indeed, their influence is often felt in this respect far beyond the limits of the town in which they are placed. There is not a shadow of a doubt that the principal hospitals of London, Birmingham, Liverpool, Manchester, Edinburgh, and Glasgow absorb, so to speak, a large portion of the mortality of multitudes of provincial hospitals all over this kingdom. Compare, for instance, the average mortality of thirty provincial hospitals in England (4.46) with that of fourteen taken indiscriminately from London and some of the considerable towns (7.79).* The difference here, though nearly 75 per cent., is not by any means so great as might legitimately be shown, as many of the towns enumerated in the second list are, to some extent, under the protective influence of still more populous communities and more frequented hospitals. Thus, Addenbrooke Hospital, Cambridge, has a mortality of 2.4 per cent.; Canterbury, 2.0; Exeter, 3.2, &c.; while the great hospitals of London, Manchester, Edinburgh, Glasgow, vary between 5 and 12 per cent. of ordinary mortality.

If I were to give a formula for the arrangements of an hospital designed to exhibit a low rate of mortality, it would be this: Choose your site well; let it be not *in*, but *near*, a large city having already hospital accommodation on a prodigious scale, well known to the poorest classes of the community, and adapted to their wants; let the distance from the centre be such (say three miles) as will keep back the extremely abject and the dangerously diseased, either through want of knowledge of your institution, or want of power to reach it; let the arrangements be so perfect as to contrast favourably with the older hospitals, and to attract the valetudinarians, whose illnesses and means permit them to avail themselves of its superior accommodation; and, finally, let some special practice be pursued, in order to enlist the sympathies of rich or idle *dilettanti*, who will know how to fill your wards with the sort of cases suitable for your experiment. This is precisely the picture of the Vienna Homœopathic Hospital, which has the amazing effrontery to call upon us to compare its peddling *experiments* with the great labours of pure beneficence, of which general hospitals of this and other countries furnish examples. Such experiments, of which the means are human sufferings and dangers, and the avowed and foregone conclusion is the exaltation and triumph of a sect, surely argue anything but the charity which "is not puffed up," and "seeketh not her own."

But, whether right or wrong, the experiment has been made, the challenge is before the public, and I am prepared to meet it by a comparison of the results of Fleischmann's with those of other hospitals. I fix upon Fleischmann's because it is necessary to *my* sense (though not probably to that "common sense" which is "quite competent to decide," &c.,) to go a little into detail; and what can be shown to be true of the Vienna experiment (the first and the most triumphantly paraded) may probably be assumed to be true of others. I shall take, then, the eight years of Fleischmann's Hospital, from 1835 to 1843 (the results of which are given at length in the work of Drs. Drysdale and Russell, and partially in Dr. Forbes's celebrated review), and I shall compare them with the results of two years in the Edinburgh Infirmary (1842-3), in which the aggregate number of "experiments" happens nearly to coincide with that of the Vienna hospital in the eight years mentioned. The returns in Edinburgh for these years were drawn up by Dr. Peacock, now of St. Thomas's Hospital, whose name is a guarantee at once for their business-like accuracy and their good faith, so far as these could be

* Statistics of Civil Hospitals, by J. Thomson, Esq., *Medical and Surgical Journal*, 1843, Vol. LX. The succeeding calculations in this paragraph are from the same paper.

secured by him. Let me add, that I am guided in my selection exclusively by the circumstances above mentioned. If the Vienna General Hospital, or any other, can be shown to reverse my conclusions, I shall unquestionably feel myself bound to admit the fallacies of my argument; but in the mean time I am taking at least no unfair advantage in comparing results which have lately been declared on high homœopathic authority, "*far beyond the reach of any other known method of treatment*," with those of the hospital which has the reputation of the most open doors, and the highest mortality in this country.

In the works already referred to, the aggregate of cases in Dr. Fleischmann's Hospital is stated at 6551 (including 27 cases remaining from 1834); deducting 50 which remained in the house at the end of 1843, the aggregate number treated and dismissed was 6501. Of these 407 died; a mortality per cent. of 6.26, or a little more than $6\frac{1}{4}$. In Edinburgh, the numbers were:—

In 1842 to'l num'r	3529	Deaths	443	or 12.5 per cent.
In 1843 "	2840	"	315	" 11.0 "
In both years . .	6369	"	758	" 11.9 "

But from this aggregate it is right to deduct the fevers, which constitute a very large and *fluctuating* portion of the diseases in both hospitals. Accordingly we have—

	Vienna.	Edinburgh.
Total cases . .	6501	6369
Deduct fevers .	1855	1822
	4646	4547

And if now we allow for a few more cases of epidemic disease, which are in larger proportion in Vienna, during the period referred to, than in Edinburgh, it will be observed, that the list of what may be considered as sporadic or non-epidemic diseases presents a very close approximation, in its aggregate numbers, in the two returns. Not so the mortality, which is 5.46 per cent. greater in Edinburgh, or not very far from double that of Vienna. Nay, for sporadic diseases, I am willing to call it *double*, since the fevers in Vienna, having a mortality of 8.46, tend to exalt the total mortality; while in Edinburgh they leave it almost unaltered, giving in the respective years a mortality of 12.5 and 11.1 per cent. Such is the homœopathic triumph, *primâ facie;* and this is the usual nature of the appeal to "common sense," which, though so eminently "competent to decide," seldom travels (in homœopathic company) much further than to a conclusion of the above kind. I have, however, a little further appeal to common sense.

If any one familiar with the diseases of European countries were asked what were the chief sources of mortality, especially in our hospitals (apart from epidemic diseases), he would at once answer, without hesitation, phthisis pulmonalis, disease of the heart, Bright's disease of the kidney, apoplexy, paralysis, and softening of the brain, and, in a less degree, organic disease of the liver. These diseases are not only among the most frequent, but they are by far the most intractable, in our hospital lists. Excluding epidemics, I believe I should not go far wrong in saying, that in Edinburgh Infirmary the diseases I have named make up half the deaths, and the first disease alone about a quarter of them. Nor does the proportion appear to be very widely different in the Vienna *General* Hospital, except that phthisis has a higher proportion to the other diseases, causing about one-third of the entire mortality, epidemics included.* These diseases are the *opprobria medicorum*, and (to follow up my former advice) I should advise the managers of an hospital solicitous about appearances, by all means to steer clear of them. How successfully this has been done in the Homœopathic Hospital will be seen in the following comparison. In the nearly equal aggregates of cases above noted we have the following numbers of these diseases admitted:—

	Edinburgh.	Vienna Homœopathic.
Phthisis pulmonalis .	276	98
Disease (organic) of heart	159	15
Bright's disease of kidney	82	0 (!)
Paralysis . . .	103	5
Apoplexy . . .	14	9
Disease (organic) of liver	33	1
	667	128

All commentary upon this is unnecessary; the numbers speak for themselves. The whole number of these really fatal diseases, according to the returns of both hospitals, is between five and six times as great in the Edinburgh institution devoted to the relief

* See the returns of Dr. Haller in the "Zeitschrift der K. K. Gesellschaft, etc., zu Wien." I have before me the returns for 1848, in which phthisis gives 984 out of 2508 deaths.

of the sick, as in the Vienna one devoted to the glorification of homœopathy by *experiment!* The most fatal and most frequent disease of northern latitudes is nearly three times as numerous; the next in fatality and frequency ten times as numerous; a third almost equally formidable indefinitely more numerous in Edinburgh, inasmuch as this last does not appear in the homœopathic returns at all!

In order, however, to make the conclusions which legitimately spring from this investigation more completely irresistible, I have had the curiosity to make a few further selections from the returns. I give below the remaining instances in which the Edinburgh proportion of cases materially exceeds the homœopathic. As if by magic, they turn out to be, with but two exceptions, the most intractable enemies with which the practitioner has to deal. They are as follows:—

	Edinburgh.	Vienna Homœopathic.
Neuralgia	14	0
Internal Aneurism	18	1
Diabetes Mellitus	17	0
Amaurosis	15	0
Caries and Necrosis	57	5
Malignant Tumours	55	0
Other Tumours	36	0
Bronchitis (acute)	118	15
Rheumatism (acute and chronic)	343	188

Of these last items, I have more to say immediately; meantime, by way of contrast, and to show, if possible, still more conclusively the principle on which homœopathic cases are selected for treatment, I shall reverse the picture, and give a list of the diseases which predominate to a large extent in Fleischmann's Hospital.

	Vienna Homœopathic.	Edinburgh.
Chlorosis (and amenorrhœa)	90	48
Cholera	24	2
Colic	45	10
Diarrhœa	114	28
Dysentery	44	16
Erysipelas and Erythema	212	82
Gout	140	0
Hæmoptysis	50	8
Headache	61	37
Herpes	20	1
Inflammation of brain	17	8
Endocarditis	29	(?)
Pneumonia	300	83
Pleuritis	224	32
Peritonitis	105	19
Cynanche tonsillaris	301	34
Influenza	52	0
Varicella	110	2

The predominance of influenza is evidently owing to the period embraced by the returns having included an epidemic visitation of this disease. Possibly the number of cases of cholera, diarrhœa, and dysentery (or what may have passed under the latter name), and of erysipelas, may have had a similar explanation. But what is the rest of this list, which forms the staple of the homœopathic experiment? Is it not composed, without an exception, of the *curable*, often of the *easily and constantly curable* diseases of the economy? Nay, is it not plain to the most ordinary allowance of common sense, that cases have been admitted by dozens, probably by hundreds, for no other purpose than to contribute to the success of the experiment, and to swell the triumph of homœopathy? I cannot imagine to what purpose else we have 300 cases of sore-throat, and 20 of herpes;* diseases which are rarely, except in the most special cases, admitted into any of our great hospitals in this country, on account of the pressure of the more severe and fatal diseases to which, as shown above, our doors are thrown open, while our experimentalists turn their backs on them, or at least give them the cold shoulder! To be sure they are ugly subjects for curative experiments, these same phthisical cases, and organic diseases of heart, liver, and kidney; and, whatever one may think of the honesty, no one can doubt the prudence of giving the preference to sore-throats and shingles, as well as to catarrh, dyspepsia, colic, headache, and a host of the minor ills which will be found to be numerically strong in the returns.

And now I assert, without fear of contradiction, that the homœopathic returns are not

* Varicella might be added, but this disease, being contagious, ought certainly to be admitted more largely with us. For those above mentioned there is no excuse; they ought scarcely ever to be hospital diseases, except when allied to others. In the General Hospital of Vienna, in 1848, with three times the number of admissions (21,409) there are but 216 cases of inflammation connected with the mouth, gums, teeth, palate, or tonsils; about one-third less than the above cases of cynanche alone!

only void of triumph to the system, but that they cover it with disgrace. With such a selection of cases as I have shown above, I maintain they ought to have reduced their mortality to a far lower point than they have done. It is of no use to quote alleged cures of pneumonia or pleurisy, and to demand comparisons with "the best hospital physicians who use allopathic remedies." I think we are justified in believing that the cases of individual disease, like the general returns, are a sham and a fraud; and that the contrast between pneumonia at a homœopathic hospital, and pneumonia in the Edinburgh Infirmary, would be, if we could get to the root of the matter, as great as between the general lists in the one and the other hospital. Every one who has gone about the wards of an hospital in search of crepitant rales and dulness on percussion, knows that there is nothing so easy to find or so often cured as the slighter degrees of what may be technically called pneumonia; and as to pleuritis, if we may trust the evidence of *post-mortem* examination, its simpler forms must be of immense frequency; so that if our scrupulous experimentalists chose to place everything which we commonly term rheumatic stitch under that convenient and formidable-looking designation, it would not be easy to prove them wrong. They have, however, betrayed themselves in one point; —in giving the cipher of 300 to pneumonia, and only 15 to the far more frequent disease, bronchitis;* they have committed what, according to Napoleon, is "worse than a crime —a blunder;" showing that it requires a more adroit management than even that of our experimentalists, to manufacture statistics of plausible and serious aspect from the miniature types of disease by which they (very judiciously) think proper to test the efficacy of their system.

I feel that it is useless to enter into further details as to this statistical fraud. It is, I hope, abundantly evident, that, even supposing the numbers to be correctly stated, and the docketting of the cases to have been free from objection, the character of them, as reported, is such as to imply selection; and, on the other hand, it is next to certain, that no dependence whatever can be placed on the statements of the reports, in regard to the nomenclature of diseases. We have, therefore, only to deal with the fact, that an hospital in which there is reason to think that the vast majority of the cases were of the most trivial description, has a mortality of 6.26 per cent.; and that the interested partisans of the system therein pursued, demand for this result the palm of an unquestionable superiority, or (in the words of one of their leaders), proclaim it "far beyond the reach of any other known method of treatment." To this it is enough to answer, that many hospitals in England have an average mortality much below that above mentioned; I have already instanced three of these (Canterbury, 2.0 per cent.; Cambridge, 2.4; Exeter, 3.2). I might add, that of eight district general hospitals in Scotland, noticed in the article by Mr. Thomson, already referred to, three have a smaller mortality than the homœopathic institution, viz.: Dundee, 5.10 per cent.; Aberdeen, 4.66 per cent.; and Inverness, 4.36 per cent. All of these hospitals are, like that of Edinburgh, recipients of a considerable proportion of incurable cases, and I do not believe that any of them admit 5 per cent. of cases of cynanche tonsillaris. I am not so well acquainted with the class of cases admitted into English provincial hospitals; but, in a list of thirty of these institutions in the paper above referred to (from materials in the *British Almanack* for 1836–7), *there are only two whose mortality is not less* than that of the Homœopathic Hospital of Vienna, and the average mortality of the whole thirty (4.46) is less by nearly a third. So that the unprecedented success of homœopathic treatment is not only a very ordinary and moderate success as compared with hospitals in general, but as compared with hospitals of the size of Fleischmann's (fifty beds) it would be found to be a positive failure; and doubly, trebly a failure, when we take into consideration all the facts revealed in the preceding part of this letter.

Before concluding, I cannot resist alluding to one other subject, I mean the proportion of cures. In the record of a death, it is impossible to show any bias, or in any way to deviate from accuracy without gross falsehood, with correspondingly great risk of detection. But, in the column of cures in this

* It has been stated that bronchitis is rare in Germany; but surely with very little reason. Not to mention that the German literature of bronchitis is both larger and better than our own, or than that of France, the following are the returns of the Vienna General Hospital: Catarrhs (bronchitis, etc.), 2078; pleuritis, 427; pneumonia, 509; and this out of 21,409 cases. Compare the homœopathic results of 6501 cases, viz.: catarrhs (bronchitis, cough), 118; pleuritis, 224; pneumonia, 300.

hospital may be read the character of the whole of its records. The alleged cures in the Vienna Homœopathic Hospital are 92 per cent. of the whole cases; and, as the deaths are 6.25 per cent., it follows that there is actually *scarcely any medium between death and cure!* To any one who knows what hospital cases are, or should be, this simple statement proves rather more than was intended. Compare it with the returns of any hospital which has no system to support—I choose Dumfries, simply because its mortality is identical with that of Fleischmann's Hospital:—

	Cures per cent.	Deaths per cent.
Fleischmann's Hospital	92. .	6.26
Dumfries "	76.02	6.26

Alas for the

"Vaulting ambition, that o'erleaps itself,
And falls"

on the other side of truth and probability! In straining every nerve after this ideal and fictitious ratio of cures, Dr. Fleischmann unluckily forgot the following ugly dilemma: If, from the excellence of his art, or any other cause, he was enabled to cure 16 per cent. more than Dumfries, why was his skill not equally effective in reducing the mortality? There can be only two answers to this question, and we may give the homœopathists their choice of them. Either the cases were really curable in enormous proportion, and the homœopathic art is responsible for a mortality which must be considered, under these circumstances, quite appalling; or the alleged cures are a mockery and a delusion, inconsistent with nature and fact, and cunningly dressed up for the undiscriminating wonder of the multitude. To apply an uncharitable judgment of Dr. Fleischmann's to his own case, "*Curantur in libris—moriuntur in lectis.*"

And now I leave the question of the results of homœopathic hospital treatment, without hesitation, to the judgment of "common sense." I only stipulate that "common sense" will take the trouble to make herself acquainted with the facts of the case as stated and analyzed above, and will protect and arm herself against sophistry and disingenuousness by an alliance with another equally useful personage, "common honesty."

I have performed a task which I felt to be due to the public at this crisis, though by no means agreeable to myself; and I now willingly take leave of the subject, trusting that I may have not wearied the readers of the *Times and Gazette* with the unusual, though necessary, length of my communication.—*Med. Times and Gazette*, April, 1852.

Edinburgh, March, 1852.

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Homœopathic Delusion.—Mr. Headland, in his recent work on the action of medicines on the system, thus notices this transcendental humbug:—

"The rule of the disciples of Hahnemann is, *Similia similibus curantur;* or, diseases are to be cured by remedies which shall produce effects similar to them. Now, if this were the case, the majority of disorders would be hopelessly incurable. We know of no medicines that are capable of producing such affections as ague, smallpox, or phthisis; and when such remedies are known, their employment would certainly be singularly objectionable. Who would administer strychnia in tetanus, opium in congestion of the brain, or irritants in gastrodynia? The arguments alleged in support of the theory are of the most fallacious kind. For example, it is said that diaphoretics cured the sweating sickness, and purgatives are given with advantage in diarrhœa, on the homœopathic principle. But it should be observed that the sweating in one case, and diarrhœa in the other, are the attempts of Nature to get rid of the disease by eliminating a poison; and that, in seconding these attempts, we are availing ourselves of an agency which does not resemble the disease, but is like to the natural mode of cure. Such treatment depends, in fact, upon the principle which will have to be considered next in order. The homœopathists would work a strange revolution in the materia medica. Charcoal, silica, and other substances supposed to be inert, appear as remedies of wonderful efficacy. It is said that belladonna produces a state like scarlatina, and also a condition resembling hydrophobia, and thus cures both of these disorders. Of these three propositions, it is almost needless to say that all are equally erroneous. Further, an experimental trial of this principle was made by Andral on a large number of patients at the Académie in Paris, with the assistance of the homœopathists themselves. The medicines were carefully and fairly ad-

ministered, but in no one instance were they successful." — *Med. Times and Gazette*, Nov. 20, 1852.

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Empirical Medicines. — Dr. Daniel J. Macgowan, a respectable Missionary Physician, stationed at Ningpo, in China, has forwarded the following note for publication, as expressive of his indignation at seeing his name gratuitously published in connection with, and in commendation of Jayne's empirical medicines; and says: "As for my professional reputation, it behooves me to be as jealous of that as if I was again a practitioner in New York; and I am as anxious as any man need be, to stand well with my professional brethren."

NOTE.—The undersigned has seen with regret that his name has been employed, without his consent, in commendation of certain advertized quack remedies, and cannot but designate it as a base and sordid trick practised upon him, which does him no small injury at home. In self-justification, therefore, he adopts this public method of denying that he ever, in any way, recommended quack remedies, and of denouncing the liberty thus taken.

DANIEL J. MACGOWAN,
Ningpo, China.
March, 1852.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

The Weather, during the month of November, 1852, *in Philadelphia.*—The month of November just past has been somewhat remarkable, as has the whole autumn, for its mildness; but three times during the month has the mercury, in a good instrument and under a fair exposure, fallen so low as 32 deg.; and at no time has it been seen at a point below freezing. Thin ice has formed several times on shallow waters in the vicinity of the city, and on a few mornings it was seen in the streets; but the frost has not yet been sufficient in town to deprive several of the hardier trees, as the willow, the ash, and some of the horse-chestnut trees, of their foliage. Many of the shrubs, also, retain their summer dress, and occasionally a rose-bush, favorably located, is yet putting forth buds and blossoms. The turf is as green, and the squirrels in our well-tenanted public squares are as active as in summer; and while witnessing the gambols and the labours of those, on one of our late Indian summer days, it was not easy to persuade ourselves that the time of storm and of cold was so near.

The mean average temperature of the eleventh month, according to a record in our possession (chiefly Pierce's), extending now over 60 years, is 42.58 degrees, while the mean of last month rose to 44.76, or 2.18 above the average.

The average mean of the three autumnal months, for the same lengthened period, is 54.14 degrees, while the average temperature of the autumn just past rose to 58 26, a degree of warmth but once equalled on our record.

Little rain had fallen in this vicinity during the first and second Fall months, viz.: 1.29 hundredths of an inch in the former, and 2.26 hundredths in the latter month; the streams were low, and in many places grass and the young wheat suffered from drought. But from the beginning of the month under review, rains were frequent and abundant, amounting, for the month, according to the record kept at the Penn Hospital, to 6.05 inches; and the meadows and fields of growing wheat are said to give more than usual promise.

Some snow fell on the 14th and 18th, and on the morning of the 19th the roofs of buildings were for the first time fairly white.

Rain or snow fell on 12 days; 12 were fair and 6 were cloudy.

The range of the thermometer was from 32, on the mornings of the 16th, 22d, and 24th, to 61 on the morning of the 1st, and afternoon of the 2d, or 29 degrees for the month.

Judging from the bills of mortality, as reported from the Health Office, the city and districts have enjoyed about the usual amount of health during the last and two preceding Fall months. The whole number of deaths for the four weeks included in the last month was 678; and for the same period last year 609 were reported. So, the whole number for the three Fall months this year was 2183, while the whole number reported for the autumn of last year was 2001; which, considering the increase of population, may be regarded a proportional number. Deaths from diseases of the air-passages, or organs of respiration, have in-

creased as the weather has become more inclement, from 29 in the week ending on the 13th, to 59 in that ending on the 27th ultimo; showing conclusively, one would think, the necessity, on the part of those thus afflicted, of increased caution in exposing these enfeebled and diseased organs to the atmospheric vicissitudes incident, in our climate, to the season. The writer believes it quite within limits to state the probability that the lives of at least one-half of this excess would have been prolonged by such caution.

In the following daily record, in a tabular form, the figures in the fifth and sixth columns represent the estimated force of the wind at sunrise and 2 P. M. This numerical method, long used by navigators, is now adopted by scientific institutions generally, and we will give the explanation of their value, furnished by the Smithsonian Institute, Washington, viz.: O, being a calm; 1, represents a very gentle breeze; 2, a gentle breeze; 3, a fresh breeze; 4, a strong wind; 5, a very strong wind; 6, a violent storm, &c. By consulting the table, it will be seen that the month, besides being warm, was unusually windy, the breeze nine times rising to 4, and once to 5, or a very strong wind. P. S.

PHILADELPHIA, 12*th mo.* 2*d*, 1852.

Days of month.	THERMOMETER.			WIND—COURSE AND FORCE.		REMARKS.
	Sunrise.	2 P.M.	Mean.	Sunrise.	2 P. M.	
1	61	60	60½	N. by E. 3	N. E. 3	Cloudy, rain P. M. and night.
2	59	61	60	N. N. W. 2	W. by N. 2	Fair and warm.
3	51	59	55	W. 3	W. by N. 4	Clear.
4	54	58	56	W. S. W. 1	N. by E. 3	Fair.
5	50	49	49½	N. E. 4	N. E. 3	Cloudy, rain last night.
6	44	46	45	N. E. 4	N E. 4	Cloudy, strong wind and rain.
7	52	58	55	W. N. W. 3	W. S. W. 2	Fair after 8 A. M.
8	40	52	46	N. W. 2	N. W. 3	Cloudless.
9	43	50	46½	N. by W. 2	N. N. W. 2	Cloudy, rain 4 P. M.
10	39	45	43½	W. by N. 1	N. W. 3½	Cloudless, fair.
11	28	52	45	—	S. W. 2	Clear, cloudy.
12	53	57	55	S. 2	W. by N. 4	Rain, clear P. M.
13	38	45	41½	W. S. W. 3	W. N. W. 3	Fair, cloudy.
14	38	41	39½	W. N. W. 2	N. by W. 3	Cloudy, snow squall at 12½ M.
15	38	43	40½	W 3½	W. 4	Overcast.
16	32	43	37½	S. W. 2½	W. S. W. 2½	Clear.
17	36	43	39½	W. 1	S. W. 2	Clear, rain at 9 P. M.
18	37	41	39	N. 2	N. N. E. 3	Snow and rain.
19	36	40	38	N. by E. 3½	N. N. W. 2	Snow, fair at 11 A. M.
20	34	42	38	N. W. 3	N. N. W. 4	Clear, fair.
21	33	41	37	—	N. N. W. 1½	Cloudless.
22	32	37	34½	N. E. 2	E. by S. 2½	Cloudy, rain at 4 P. M.
23	42	46	44	N. by W. 3	N. W. 3	Rain, fair at 8 A. M.
24	32	40	36	N. W. 2½	N. W. 2	Cloudless, fair.
25	34	40	37	N. N. E. 2	N. E. 1	Fair, overcast, rain at 7½ P. M.
26	45	59	52	N. E. 2	S. by W. 2	Rainy night and day.
27	47	42	44½	W. by N. 4	W. N. W. 5	Cloudy, clear.
28	35	43	39	W. N. W. 2	W. S. W. 2	Cloudless, clear.
29	36	51	43½	S. W. 1	S. S. W. 2½	Clear.
30	42	48	45	N. 2	N. W. 2	Overcast, clear.
	41.7	47.8	44.7			Monthly mean.

Death from the Inhalation of Chloroform.—Dr. CHARLES A. POPE, Professor of Surgery in St. Louis University (*St. Louis Medical and Surgical Journal*, November and December, 1852), adds the following to the long list of cases of death from the inhalation of chloroform:—

"Mrs. Wynn, aged about 27 years, applied, on the 2d of October, at the O'Fallon Dispensary, on account of a necrosis of the last phalanx of the right middle finger. She appeared to be in perfect health, save the anxious expression of countenance, induced by her somewhat protracted suffering—the inflammation having been deeply seated, and having extended to the palm of the hand. It was evident, from the conduct and avowal of the patient, that she laboured under much dread of the pain from the operation, deemed advisable for the removal of the dead bone. There were present various physicians and medical students, among whom were Dr. Allen, the resident physician of the Dispensary, Dr. Grafton, of Mississippi, and Dr.

Brookins, of Indiana. Other medical gentlemen arrived soon after the occurrence.

"The patient, desiring the chloroform, it was administered to her by Dr. Allen—she being seated in a chair, and supported in a reclining posture by a female friend who accompanied her. An ordinary sponge moistened with a drachm of the liquid, was first used—it being held at some distance from the nostrils. Seeing that she was not likely to be easily brought under the anæsthetic influence by the sponge, which was not concave, but rather long and narrow, I requested Dr. Allen to make use of a common silk handkerchief belonging to the patient. On this, I myself poured from the bottle nearly two drachms of chloroform, and it was again held before the patient's face, but in a manner to permit a large admixture of atmospheric air. The operation was begun before she became insensible, and during its performance her efforts to withdraw her hand were such as to require the assistance of two persons to hold it in subjection upon the table. Whilst engaged in disarticulating the phalanx, my attention was temporarily withdrawn from the observation of the patient; but this was but for the few moments consumed in the operation. My first glance at the patient, revealed to me the imminence of her danger—death was in her countenance—I was horrified by its pallor. Instantly extending her upon the floor, I cut with a knife the front lace of her corset, and removed all constriction from her neck and waist. The breathing was suspended, and on examining the heart it had ceased to beat. She appeared as one in a swoon. Affusions of cold water, ammonia, free air, and artificial respiration, were all fully tried, but in vain. A few gasping inspirations, once or twice revived hope, but in a minute or more life was extinct.

"A *post-mortem* examination was asked, and all efforts made to obtain it, but the husband refused to the last to yield his assent.

"To what, in this case, must the fatal issue be attributed? To an undue amount of chloroform? to the mode of its application? to the too speedy induction of its effects? to its impurity or adulteration? or to some idiosyncrasy of the patient? I incline to the belief, that the unfortunate result was not due to either of these causes. Professor Litton has examined the article used, and declares it to be pure—so far, at least, as a conclusion can be drawn from the ordinary tests. Besides, the same chloroform had been administered on former occasions, to two different persons, without producing any unpleasant effects.

"My own solution of the accident is this. The patient fainted through fear and pain—the chloroform having had the effect of rendering the syncope fatal. I have since learned that she was of a remarkably nervous temperament, and having had an incision for the relief of her paronychia, she fell into a deep syncope. Dr. Boisliniere, who attended her on that occasion, informs me that he had been caused no little anxiety by her condition. As the fainting was very protracted, he was obliged to resort to stimulants, frictions, and warm applications, for the purpose of reviving her.

"I have been since informed, that the patient's mind was preoccupied in an extraordinary degree, with the anxiety and dread of the operation."

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Gum-Elastic Cups.—We have been presented with a set of gum-elastic cups, manufactured by our esteemed friend, Dr. Whitney, of Ashland, Ohio. There are four in each set, and are so graduated, as to size, as to be capable of being placed one within the other, like a set of weights or measures, occupying but a small space. Being hemispherical, they are readily exhausted of air by placing the edge upon the part to be cupped, and pressing upon the convex portion. But slight pressure is required, and they adhere with sufficient firmness to effect most thoroughly either wet or dry cupping. They are portable, never break, and can always be used without lamp, alcohol, or pump. We look upon these cups of Dr. Whitney as a decided improvement.—*Ohio Medical and Surgical Journal*, Nov. 1852.

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Dr. Brown-Séquard.—[We comply with the request to publish the following testimonial with pleasure, and may add that similar testimonials have been given to Dr. Séquard by all the classes before which he has lectured in this country] :—

Boston, *Dec.* 15, 1852.

We, the undersigned, constituted a committee in behalf of the members of the Tremont Medical School of Boston, desire to express to Dr. Brown-Séquard, the gratification which has been afforded during the

delivery of the course of lectures just finished, and would state that we feel deeply grateful at the interest which has been manifested by him in his subject, and in them, and at the clear and explicit manner in which he has endeavoured to explain what to them was new or difficult.

With many kind wishes we remain his obedient servants,

NATHAN J. RUE,
E. HITCHCOCK, Jr.,
J. A. A. RIBEIRO.

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The Virginia Medical and Surgical Journal.—This is the title of a monthly journal to be edited by GEORGE A. OTIS, M.D., and H. L. THOMPSON, M.D., the first number of which is proposed to be issued on the 1st of April next.

Each number will consist of eighty large octavo pages, containing original papers, memoirs, and reports of cases; an account of the Transactions of Medical Societies in Virginia; a Summary of Improvements and Discoveries in Medical Science, at home and abroad; Reviews and Bibliographical Notices; and a portion of a Standard Work in some important Department in Medicine.

Price—*Five Dollars a Year.*

FOREIGN INTELLIGENCE.

Death from Chloroform.—A man named John Atkinson died at Melbourne, Australia, from the effects of chloroform, administered preparatory to an operation for fistula. Dr. Thomas, at the inquest, testified that "Mr. Barker and I examined the fistula, and before administering the chloroform, I asked the deceased particularly if he had ever suffered from any serious illness; to which he replied in the negative. I also inquired whether he had been subject to cough or palpitation; and he answered that some time ago he had suffered slightly from cough. The pulse was good, and Mr. Barker proceeded in the usual manner to administer the chloroform, which shortly produced convulsive twitchings of the muscles. I then went to the door to request the nurse to send up some person to assist in holding the patient in a proper position for the operation, and I returned to the bed and poured a little more chloroform on the handkerchief; when it was applied to the face I observed him splutter at the mouth; the chloroform was instantly discontinued, but the patient suddenly expired. We tried all the means usually resorted to in cases of suspended animation, but without effect. I had frequently used the same chloroform in other cases. It was not more than a minute after the first application of chloroform that death occurred. About a drachm had been poured on the handkerchief. Dr. Motherwell stated that he had made a *post-mortem* examination of the body of the deceased, in the presence of Dr. Howit, Dr. Plane, Dr. Barker, and Dr. Youl. On opening the chest, the heart presented an extraordinary appearance. There was considerable serous effusion into the pericardium, and the heart itself was larger and more flabby than usual. It was hypertrophied, and there was dilatation of the cavities; the lungs were healthy, and there was a slight appearance of disease about the liver, such as is observed in persons addicted to intemperance. Where such a state of diseased heart exists death generally supervenes suddenly, and is liable to be caused by any sudden emotion. Death, in the present instance, was caused by the shock produced by the chloroform, which would not have had such a fatal effect if the heart had been in a healthy state. Unless the attention of a medical man had been particularly directed to the affection of the heart, it would have been very difficult to discover the existence of any such disease.—*Med. Times and Gazette*, Nov. 20, 1852.

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Belladonna as a Prophylactic or Curative Agent in Scarlatina.—A long and somewhat desultory discussion took place at the meeting of the Medical Society of London (November 20, 1852), on this subject, having had its origin in a question asked by Mr. White. Mr. Brown had found belladonna to invariably arrest the poison of scarlatina. Mr. Dendy had no doubt that its administration as a prophylactic mitigated the throat symptoms very materially; but Dr. Rogers had abandoned its use after a fair trial, from observing that many persons had the disease after the administration of the medicine. Dr. Radcliffe had used it extensively; but the very worst cases of scarlet fever which had fallen under his notice were those in which belladonna had been given as a prophylactic. Mr. Robarts had tried it in a great number of cases, but had abandoned

it, from his complete disappointment in its effects. Dr. R. M. Glover remarked, that the trial of belladonna on a great number of cases, in the hands of some of the most careful observers, had ended in its failure; and Dr. Snow, Mr. Clarke, and Dr. Chowne, contended that the negative evidence brought forward in support of the efficacy of the "remedy" weighed as nothing in the balance against the positive facts which had been adduced against it.—*Lancet*, November 27, 1852.

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Simaba Cedron, an Antidote for Venomous Bites.—The seeds of this tree are reported, by M. Berthold-Seemann, to be an antidote for the bite of snakes, scorpions, and other venomous reptiles. Mr. Squire has obtained a supply of these seeds from New Grenada, through a gentleman who states that the natives place great reliance on their efficacy. It is there customary to carry some of these seeds in case of need; and, directly the bite has been inflicted, a portion of the seed is scraped off, moistened with water, and applied to the wound. From two to five grains, mixed with water, are also swallowed, but no other precaution is taken.

This remedy is also said to have proved efficacious in cases of intermittent fever, when quinia has failed; and it has been used indiscriminately in rheumatism and gout, with some benefit. Experiments recently made at the Zoological Gardens, on animals which had been bitten by the rattlesnake and other reptiles, tend to confirm the statements respecting the efficacy of this seed as an antidote.—*London Journal of Medicine*, September, 1852, from *Pharmaceutical Journal.*

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New Prescriptions from the Pharmacopœia Fennica.—1. *Adeps Benzoinatus.*—Let one pound of prepared lard be melted with two drachms of gum benzoin, and the mixture be strained. The gum benzoin prevents the lard from becoming rancid.

2. *Emplastrum Ammoniaco-scilliticum.*—Let forty parts of gum ammoniac be mixed with eight pints of vinegar of squills, and evaporated to the consistence of a plaster.

3. *Emplastrum Saponacea-plumbicum.*—Let ten ounces of shavings of castile soap be dissolved in forty-five ounces of olive oil; add nine ounces of white lead (the carbonate), and a pound and a half of red lead (the red oxide); heat the mixture over a fire till it is perfectly dissolved, and assumes a brown colour; then add an ounce and a half of Venice turpentine.

4. *Emulsio Guaiaca, seu Mistura Antarthritica Bergeri.*—Let two drachms of powdered gum Arabic, four drachms of guaiacum resin, and an ounce and a half of white sugar, be dissolved in nine ounces of peppermint water.

5. *Emulsio Salina.*—Let three drachms of tartrate of potash be dissolved in one pint of milk of almonds.

6. *Hydras Magnesicus in Aqua.*—Let three pounds of sulphate of magnesia be precipitated by a solution of potash, and sufficient water be added to the washed precipitate to increase its weight to seven pounds.

7. *Liquor Sulfatis Ferrici.*—Let eight ounces of sulphate of iron be mixed with an ounce and a half of sulphuric acid and eight ounces of water, and be oxidized with nitric acid; let water be then added till the mixture weighs two pounds. From two drachms of this *liquor*, three drachms of water, and seven drachms of the preceding *hydras magnesicus*, we may at once obtain the hydratid peroxide of iron used in cases of poisoning by arsenic.

8. *Syrupus Hydrargyri.*—Let one drachm of metallic mercury be triturated with three drachms of gum Arabic, three of sugar, and two of rose-water, till all metallic globules have disappeared, and then add four ounces of common sugar. Useful in the syphilis of children.

9. *Syrupus Oxycocci.*—Prepared from the fresh juice of the berries of vaccinium oxycoccos.—*Schmidt's Jahrb.* Bd. 75, No. 2.

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Inoculation for Syphilis.—A very animated discussion has lately taken place before the Academy of Medicine of Paris, touching a method of a M. Auzias Turenne, who proposes to use the syphilitic virus like cowpox matter, and to inoculate it until the individual becomes proof against the disease. The same author likewise advocates, and has practised, the inoculation of the pus taken from chancres for the cure of primary and secondary syphilitic affections. The Academy has reprobated the practice almost unanimously; the two members of the learned body, who gave their support to this insane proposal, are Messrs. Malgaigne and Depaul.—*Ibid.*

Pruritus of the Vulva.—M. Winternitz mentions, in the *Zeitschrift*, &c., that he has succeeded in removing the intolerable itching in a very obstinate case of the above affection by the following means: Fomentations three times a day to the affected parts, with a solution of nitrate of silver in the proportion of three grains to the ounce. A fortnight was sufficient to accomplish the cure. The success of M. Winternitz is worth knowing, as the bichloride of mercury or the chloroform, which are sometimes used, have been known to fail completely.—*Ibid.*

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The Prize for the most useful Improvements in the Treatment of Urinary Diseases.—The Marquis of Argenteuil, once a great sufferer from stricture, left at his death sufficient money to found a prize, to be given every six years by the Academy of Medicine of Paris, to the author of the most practically useful improvements in the treatment of urinary diseases. M. Reybard, of Lyons, has obtained the prize, which this year reaches the sum of 480*l.*

—

Obituary Record.—We have observed with great regret in the late English journals, an announcement of the death, on the 10th of November, of the celebrated geologist, Gideon Algernon Mantell, LL.D., F.R.S., &c. Dr. Mantell, it is stated, had been a severe sufferer for some time past, but his energy and spirits were such that it was impossible not to forget this after being a few minutes in his company. Dr. Mantell imbibed at an early period of his life a taste for natural history pursuits, and having fixed his residence as a medical practitioner at Lewes, was led to devote himself, with great natural enthusiasm, to the investigation of the fossils of the Chalk and of the Wealden of Sussex. Little attention had been excited among geologists to the wonderful organic remains of this district, and to a mind of his penetration and sagacity a rich field presented itself for observation. In 1812-15, Dr. Mantell commenced forming, at Lewes, the magnificent collection of 1300 specimens of fossil bones, which is now in the British Museum; and in 1822 appeared his "Fossils of the South Downs," a large quarto work, with forty plates, engraved by Mrs. Mantell, from drawings by the author. Another work was published by him about the same time, entitled "The Fossils of Tilgate Forest," and, compared with geological literature of the period in which they were written, they are meritorious productions. In 1825, Dr. Mantell was elected a Fellow of the Royal Society, and he has contributed some important papers to its "Philosophical Transactions." For his memoir "On the Iguanodon," he had the honour, in 1849, to receive the royal medal. He was also an active member of the Geological Society, and, in 1835, was presented with the Wollaston medal and fund, in consideration of his discoveries in fossil comparative anatomy generally. From Lewes, Dr. Mantell removed about this period to Brighton, and his collection being materially added to, was purchased by the trustees of the British Museum for £5000. Upon this, he removed to the neighbourhood of London. Dr. Mantell took great delight in imparting to others a knowledge of his favourite science; he was fluent and eloquent in speech, full of poetry, and extremely agreeable in manners to all who manifested an admiration of his genius. He now turned his attention to the more popular and attractive works for which his name will be chiefly remembered — "Wonders of Geology," "Medals of Creation," "Geological Excursions round the Isle of Wight," and an enlarged edition of his "Thoughts on a Pebble," all of which are profusely illustrated, and have passed through several editions. His latest work was a handsome book to the organic remains in the British Museum, entitled "Petrifactions and their Teachings." To these may be added, "Thoughts on Animalcules," and "A Pictorial Atlas of Fossil Remains," selected from Parkinson's and Arlis's palæontological illustrations; and among his early productions, a handsome quarto narrative, with portraits of the "Visit of William IV., and Queen Adelaide to the Ancient Borough of Lewes," which included some original poetry.

Died in London, on the 22d of November, 1852, Samuel Merriman, M. D., at the advanced age of 89 years.

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To Readers and Correspondents.—We resume, in our present number, the republication of the admirable work of Drs. Todd and Bowman on Physiological Anatomy. Such of our new subscribers as desire to have the previous portion up to p. 552, can obtain it by remitting two dollars and a half to Messrs. Blanchard and Lea, Philadelphia.

THE MEDICAL NEWS AND LIBRARY.

VOL. XI. FEBRUARY, 1853. No. 122.

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MEDICAL PROGRESS.

Proceedings of the Medical Society of Northampton County.—The Medical Society of Northampton County, met in Easton, January 3, 1852. Present, Drs. Swift, Innes, Abernethy, Lachenour, Field, Schlough, Green, Scholl, James, Hollingshead, Ludlow, and Sandt.

The amendment to Article 2d of the Constitution, proposed at the last meeting and published, was adopted.

On motion of which, Dr. A. Smith, of Riegelsville, and Dr. T. Stewart, of Phillipsburg, were elected members.

Drs. George W. Freeman and John Sandt were admitted to membership.

The members resolved to hold monthly meetings for mutual improvement, and leave legislative business for the annual and semi-annual meetings. The first monthly meeting will be held on the last Saturday evening of January. Notice of the place of meeting will be given in due time.

Drs. Ludlow, Sandt, and Field, were appointed a committee to prepare rules for the government of the Society in the monthly meetings.

It was resolved that the members observe the Registration Law of Pennsylvania, and make the proper returns to the Register of Wills of this county.

The article relative to the certificates given to medical students, at the commencement of their studies, was so amended that said certificates shall hereafter be presented to the Recording Secretary, and a record made of them, so that a term of study of three years may be secured, and the graduates made eligible to membership in this Society.

It was resolved, in order to cultivate greater intimacy among the members of the profession of the county, and more friendly feeling, that the members, at the annual and

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☞ *In no case will this work be sent unless the money is paid in advance.*

semi-annual meetings, assemble around the festal board during the sessions, and the expense incurred in attending the meetings, be defrayed by the Society.

Officers chosen for 1853.

President.—Dr. Robert E. James.

Vice-Presidents.—Drs. H. H. Abernethy and G. J. Scholl.

Recording Secretary.—Dr. J. Ludlow.

Corresponding Secretary.—Dr. T. Green.

Treasurer.—Dr. Charles Innes.

Delegates to the State Medical Society.—Drs. C. C. Field, J. C. Mulhallon, D. Lachenour and E. Swift.

Delegates to the American Medical Association.—Drs. F. Hollingshead, Trail Green, G. J. Scholl, and E. Schlough.

On motion, the Society adjourned to meet at the United States Hotel, in Easton, in semi annual meeting, on the first Monday of July next, at ten o'clock A. M.

The business of this meeting was transacted with great unity of spirit, and the members separated with great encouragement to labour in the good work, now occupying the medical profession throughout the country. The profession of this region has never had so great reason to rejoice at its prospects. With few exceptions, the Society embrace within its membership all those devoted to scientific medicine, in all this region of country, and while there is a spirit to advance in knowledge and professional attainments, by frequent intercourse, there is also a desire to aid the general movement beyond our borders to secure the great interests of the medical profession, and to furnish the nation with those qualified to alleviate or remove disease.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Weather in Philadelphia during Decem ber, 1852.—The average mean temperature of this month in this longitude and meridian, is, according to our record, 31.50 degrees For fifty-seven years, preceding 1847, the mean temperature of the month rose but once so high as 38 degrees, according to Pierce; while in 1847 it rose to 39 degrees, and, in the following year, to the unequalled height of 44.87 degrees. Again in 1852, the mean average temperature of December just past, rose to 43.91, which is about 2 degrees above the *average* mean of November. Though the winter solstice is passed, and the sun is on his way returning to our hemisphere, scarcely for three days has the plough been impeded by frost; and the meadows in this vicinity are hardly less green than in summer.

Some rain fell on eleven days, and a few flakes of snow on one day; seven days were cloudy, and twelve are recorded as clear. The whole fall of rain for the month was 5.17 inches, as recorded at the Pennsylvania Hospital.

Though the weather has been warm, the changes have been rather sudden, and to most people, perhaps, less agreeable than a continued lower temperature, especially from the 23d to the 25th, when a dense fog-cloud rested upon the land. This was caused by a gentle breeze from the south, coming in contact with the surface of the earth, then cooled down to about 26 degrees. The air by this contact was rapidly cooled, and in proportion to the loss of caloric was its capacity lessened for retaining moisture; that which it had held in invisible suspension began to be condensed and precipitated, and hence a dense fog and a drizzly rain enveveloped us for three days. It was upon the surface of the earth, or very near it only, that this process of condensation was going on, and it is quite probable that at a few thousand feet above it, the sun and stars were shining in a cloudless sky. But as the air was cooled, the earth was warmed, and some may query why these two bodies, in contact as they were, were not sooner brought to a temperature so nearly equal as to prevent precipitation! This would doubtless have occurred had the same portion of air *rested* upon the same area of earth; but a light breeze from the south, on the surface of the earth, or a little above it, prevailed, and though the earth in this vicinity rapidly imbibed caloric from the passing air, the latter (though in the same degree cooled) passed on to *still colder* regions, imparting additional portions of its caloric, and precipitating additional portions of water; while that which replaced it, coming to us from the more distant South, instead of growing cooler to meet the rising temperature of the earth, exhibited a rapid increase of temperature. Thus a glance at our record will show that the mercury stood at 28 degrees on the morning of the 23d, the first day of fog and drizzly rain; at 38 degrees on the 24th, and at 48

degrees on the morning of the 25th; an increase much greater than the surface of the earth could have experienced in the same period, and, by so much, rendering the contrast in the relative temperature of the two bodies, and the consequent precipitation from the atmosphere greater.

The range of the thermometer for the past month was from 26, on the morning of the 22d, to 62 on the afternoon of the 7th, or 36 degrees.

Though we have hitherto had little frost, and less snow, our neighbours have not fared so well. So early as the 13th, sleighing and skating were good at Quebec; and the mercury fell to 10 above zero, at Waltham, Mass. On the 17th, a deep snow impeded railroad travelling in Vermont; and, on the 22d, the mercury fell to 20 degrees in New York, and to 12 degrees at Jamaica, L. I. Even on the 18th of November, the Mississippi River was closed with ice at St. Paul's, Minnesota; and in the latter part of that month snow is said to have covered the earth at Fort Union, and on the plains, to the depth of twenty inches.

Days of month.	THERMOMETER.			WIND—COURSE AND FORCE.		REMARKS.
	Sunrise.	2 P.M.	Mean.	Sunrise.	2 P.M.	
1	38	50	44	W. N. W. 1	N. W. 2	Cloudless, clear and fine.
2	37	54	45½	0	S. S. W. 1	City mist, cloudless.
3	41	46	43½	N. E. 2	E. N. E. 3	Cloudy, rain 6½ P. M.
4	5	54	54½	0	S. W. 1	Rainy night with thunder, drizzly day.
5	51	55	53	N. W. 2½	N. W. 2	Cloudy, fair, clear.
6	43	56	49½	S. W. 2	S. W. 2	Clear, fair.
7	47	62	54½	S. by W. 1.	S. S. W. 2	Cloudless, clear.
8	62	66	54	S. W. 2	W. N. W. 3	Do. Spring-like day.
9	43	64	48½	E. N. E. 1½	S. S. E. 2	Overcast, drizzling rain P. M. and evening.
10	50	54	52	N. N. W. 3	N. N. W 1½	Do. cloudy, fair.
11	44	41	42½	N. N. E. 3	N. by W. 3	Do. (rainy night), fine rain, clear.
12	33	40	36½	S. W. 1	W. by N. 2	Cloudless (windy night), fair.
13	35	44	39½	S. by E. 1	W. S. W. 3	Cloudy, flakes of snow, clear.
14	32	40	36	W. 1	N. N. W. 2½	Clear, cloudy.
15	31	40	35½	N. by E. 3	N. N. W. 1	Cloudy, clear, cloudless.
16	33	40	36½	N. N. E. 3	E. by N. 2	Overcast, rainy P.M. and evening.
17	52	50	51	S. S. W. 2	W. 1	Do. rainy night, clear 6 P.M.
18	32	80	31	W. N. W. 4	W. by N. 2	Cloudy, clear, fair.
19	30	86	33	N. W. 1	S. W. 1	Do. fair.
20	43	52	47½	S. W. 3	S. S. W. 2	Do. fair.
21	40	40	40	N. E. 2	N. 3	Rainy till 7 A. M., cloudy.
22	26	31	28½	N. N. W. 2	N. N. E. 2	Clear, cloudy.
23	28	32	30	N. N. E. 1	N. 1	Overcast, rain 9 A. M., drizzly day.
24	38	52	45	0	S. W. 1	Dense fog, rainy after 8 A. M.
25	48	46	47	W. N. W. 2	N. by W. 1	Overcast, rainy and drizzly day.
26	42	50	46	N. W. 1	W. by N. 2	Foggy, fair.
27	35	42	38½	N. by W. 1	E. by S. 3	Fair, cloudy, rain 2 P. M.
28	58	52	55	S. 4	W. by N. 3	Overcast, sprinkling, fair, clear.
29	32	40	36	W. by N. 2	W. by S. 2	Cloudless, clear.
30	35	44	39½	S. 1	S. 2	Clear, overcast.
31	41	46	42½	0	W. by N. 1	Dense fog, overcast, clear.
	40.16	47.67	43.91	1.7	2	Monthly mean.

It may be of interest to state, at the close of the civil year—the meteorological year ends a month sooner—that the mean average temperature for many years, at Philadelphia, is 52.05 degrees; that the mean temperature of the year just closed, was 54,73, or 2,68 degrees above the common mean; also, that the range of the thermometer for the year was from half a degree below zero, in January, to 92½ degrees above, in June, or 93 degrees.

The month was healthy, the number of deaths from all causes for the four weeks ending on the 25th, as reported from the Health Office, being 662, which is considerably less than for the same period last year. Of these, 163 were from diseases of the organs of respiration. With a view to determine more definitely the influence of atmospheric changes upon diseases of the respiratory organs, the writer has for several years made a weekly abstract of this class of diseases from the bills of mortality, as published by the authority of the Board of Health. The abstract contains, also, the whole number of deaths from all causes, to

which is appended the mean temperature of the week, as observed by himself, and such meteorological remarks as the season indicates. From this abstract, it appears that the whole number of deaths for the past year, from diseases of the respiratory organs (exclusive of hooping-cough, asthma, and asphyxia), was 2,126; being 205, or 11 per cent. greater than for 1851. The greatest mortality from this class of diseases was in January and May, in each of which it rose to 247. The most fatal week to this class of invalids ended on the 13th of March, when the number of deaths was 72. The whole number of deaths from all causes, for the past year, was 9,680, which is 522, or about 8 per cent. greater than last year. The most sickly period was the five weeks embraced in the reports following, within May, when 960 deaths occurred; and the most healthy was the month just passed, the mortality of which is given above. The necrology of the year compared favourably with the last, the increase of deaths being less than the probable increase of population.

P. S.

PHILADELPHIA, 1*st Month*, 1, 1853.

—

Medical Department of the Navy.—A Board of Naval Surgeons for the examination of assistant-surgeons for promotion and of candidates for admission into the medical staff of the navy, assembled at the Naval Asylum, Philadelphia, December 15, 1852.

The Board consists of Surgeon W. P. C. Barton, *President;* Surgeons Thomas Dillard, G. R. B. Horner, W. S. W. Ruschenberger, and Wm. Maxwell Wood, *Members.*

Hereafter, the Board is authorized to pass a number for appointment in the medical staff equal to the demands of the service for the year. The following circular from the Board, and general order from the Honorable Secretary of the Navy, give all the information on the subject of the examinations which candidates may require.

No allowance is made for the expenses of persons undergoing these examinations, as they are indispensable prerequisites to appointment.

Applications must be addressed to the Secretary of the Navy; must state the age and residence of the applicant, and must be accompanied by respectable testimonials of his possessing the moral and physical qualifications requisite for filling creditably the responsible station, and for performing ably the arduous and active duties which will be required of him.

The application of no one will be considered whose age is under twenty-one or over twenty-five years.

GENERAL ORDER.

NAVY DEPARTMENT,
December 13, 1852.

It being desirable to obtain the best professional ability which may offer, for the Medical Corps of the Navy, the Department directs:—

1. That hereafter annual Boards shall assemble at such place as may be designated by the Department, about the close of the lecture seasons of the Colleges, for the selection of candidates for admission into the Medical Corps of the Navy.

2. Each Board will select, from qualified candidates, such a number of the best as may be necessary to meet the demands of the service for the following year.

3. As vacancies occur in the Medical Corps of the Navy, appointments will be made from the qualified candidates in the order of succession in which they may be named by the Board; but no appointment will be given to any such candidate who is over twenty-five years of age.

4. No qualified candidates will be held over for appointment after one year, but all such must be re-examined and take position in the class in which they are last examined.

5. Every candidate for admission will be examined, strictly and carefully, as to his physical capacity for the service, and the Board will make a separate report in each case, which will be forwarded *direct* to the Department, to be placed on file with the testimonials of the candidate. This examination will precede that as to professional qualifications, and no candidate who is not physically qualified will be examined professionally.

6. In detailing Boards for the examination of Assistant-Surgeons for promotion, as far as practicable, a majority of the members who have served on the Board next preceding, will be selected, in order that the relative position of assistants of the same date, who have been examined at different times, may be more readily determined.

JOHN P. KENNEDY,
Secretary of the Navy.

NAVAL BOARD OF MEDICAL EXAMINERS,
NAVAL ASYLUM.

Philadelphia, ———185

To ———

Candidate for admission into the Medical Corps of the Navy.

To prevent misapprehension, and to enable candidates more readily to comply with the preliminary requisitions for examination, their attention is invited to the following extracts from the instructions of the Secretary of the Navy, which control the Board in its proceedings:—

"The Board will examine minutely and rigidly each candidate for admission, to ascertain if he is qualified, in mind and body, to discharge the arduous duties of a Medical officer of the Navy; and its attention will be directed to moral character as well as to scientific and professional attainments, in all its examinations.

"The Board will ascertain from each candidate his precise age, and, in their report of the results of the examination, affix it to his name."

Each candidate will, therefore, present to the Board such testimonials of moral character as, in his opinion, will be satisfactory; and also a certificate, signed by his parents or guardians, stating precisely and fully the date and place of his birth.

Very respectfully, &c.,

President of Naval Board of Medical Examiners.

—

Northern Medical Association.—At a meeting of the Northern Medical Association, held January 6, 1853, the following members were elected officers for the present year:—

President.—Dr. Benjamin S. Janney.

Vice-President.—Dr. N. L. Hatfield.

Counsellors.—Drs. Joseph R. Bryan, John F. Lamb, Isaac Remington, Wm. Mayburry, and John Uhler, Jr.

Secretary.—Dr. J. Henry Smaltz.

Corresponding Secretary.—Dr. Isaac Remington.

Reporting Secretaries.—Drs. John Rhein and C. P. Turner.

Delegates to the American Medical Association.—Drs. L. Curtis, B. S. Janney, N. L. Hatfield, J. F. Lamb, R. J. Levis, and Isaac Remington.

Mode of Living in the Western States.—A writer in the *Western Medico-Chirurgical Journal* (November, 1852), says that the large quantities of calomel consumed in the Western States is not owing, as some have supposed, to the "general inferiority in the qualifications of the physicians" there, "as it is a fact well known to intelligent and scientific men that the physicians of the West stand pre-eminent in point of medical attainments;" but he ascribes it to the large quantity of carbonaceous materials taken as food, and which being greater than can be consumed in the lungs or eliminated by the liver, remains in the system and acts there as a poison. In proof of this, he draws the following picture of the mode of life of a farmer:—

"Let us suppose him to be in the noonday of life; a man of Herculean strength; the roses of health are blooming on his cheeks, and his iron frame and buoyant energy seem as though they might well withstand the assaults of time for a century. He is the owner, perhaps, of a beautiful farm on one of our high and rolling prairies, and probably the husband and father of a lovely family. He now for the first time begins to conform to the habits and customs of the western people. He becomes schooled in the hygienic rules and opinions of the community in which he lives; and in a few short months the unmistakable marks of his false doctrine are clearly impressed upon his countenance in letters *like* gold—

'And with a green and yellow melancholy he sits,
Like patience on a monument smiling at grief.'

"A physician is called; the symptoms are too well developed to admit of a doubt, and almost involuntarily the doctor turns to his calomel-box, the great specific is administered, and after going through the regular routine of a mercurial purge and its consequent debilitating effects, our friend finds himself once more prepared to engage in the active duties of life, and once more exposes himself, with a renewed energy, to the deleterious influence of the original exciting cause.

"But let us follow our friend a little farther and examine closely for the circumstances that have contributed to produce this astonishing change. Let us enter into his family circle and partake of his hospitality. It is the month of August, and he has been all day toiling beneath the burning rays of a mid-summer's sun. He returns to his

family to rest and refresh himself. He feels that he needs something to strengthen and sustain him. His wife, under the same impression, has kindly prepared for him what she considers the most nutritious meal at her command. A large deep dish occupies the centre of the table, in which the luscious lumps of *fat* are floating in a sea of *gravy*, such a food as Iceland's sturdy sons might glory in. A little to one side of this there sets a plate of biscuit, smoking hot, which the good woman, in her laudable desire to render nutritious, has kneaded with *oil* instead of water. On the opposite side of the meat-dish sets a large corn-pone, through which, for the same laudable purpose, large slices of *fat* pork from the fattest porkers, are bountifully interspersed, and to these are added, for the sake of variety, a few potatoes fried in *fat*.

"These things constitute the principal part of a very *fat* supper, from which our friend will doubtless make a very *fat* meal, so that it may be truly said of him that he "lives on the *fat* of the land." After supper, he seeks some cool spot where the wind may have free access to him, to sit or lie down, probably on the damp earth, his clothes dripping with perspiration, where he remains until bedtime. The same process is repeated day after day; sickness may check but cannot change his course, until at length he becomes the victim of hypochondriasis and the picture of despair.

"If this, however, was the worst result to be feared, he might truly congratulate himself; but, on the contrary, it is more frequently only the precursor of a more deplorable and hopeless organic change. Now, lest some of my eastern readers should suppose that this account is somewhat exaggerated, let me assure them that it is a true picture from life, one which no man who has travelled in the Western States can fail to recognize."

—

Address to the Physicians of the State of North Carolina.—We have received, from a Committee of the Medical Society of North Carolina, a copy of an address to the physicians of that State, soliciting their cooperation in the effort now being made by a portion of their contemporaries to improve the medical profession of the State, and to discover the means best calculated to promote the health and protect the lives of the people. The only certain way to effect these objects, it is urged, is for the physicians of the State to accomplish a more general organization of County Medical Societies, to be auxiliary to the State Medical Society; and for them to entertain a deeper interest for, and to secure a larger attendance upon the annual meetings of the State Society.

These are undoubtedly correct views, and we hope that the physicians of the State will yield a ready response to the appeal made to them, speedily organize themselves, and unite in the great effort now making in almost every section of our Union, to improve our science, and secure to those who practice it the elevated position they ought to hold in the community.

—

Traumatic Tetanus—Recovery.—Dr. J. J. Thweatt, of Petersburg, Virginia, records (*Stethoscope*, January, 1853) the following case of traumatic tetanus which terminated in recovery:—

A coloured man, aged 35, while engaged in working on the Appomattox Railroad, received an injury which resulted in the loss of the first and second phalanges of the first and second fingers of the left hand. About ten or fifteen days after the reception of the injury, the wound healing kindly by the process of granulation, he was seized with symptoms of tetanus; and, on the 16th of September, I found him in the following condition: jaws firmly clinched; rigidity of the trunk and lower extremities, with opisthotonos; the recti muscles contracted and hard; neck stiff; pain in the right side; spasmodic jerkings; pulse quick and compressible; countenance anxious; tongue furred; cerebral functions natural. He was directed to be extensively cupped along the spine, and ten grains of calomel and two of opium at bedtime.

Sept. 17.—Symptoms the same; had had no sleep during the night; complains of pain in the jaws and neck; also violent pain in the lower extremities, accompanied with spasmodic twitchings. He complained also of great pain in the right side; directed cups to the side, a stimulating enema and one of the following pills every three hours. ℞. Ext. cannabis indica grs. xij; div. in pil. No. vj. Warm poultice to the abdomen, and six grains of calomel and one of opium at night.

The wounded fingers were kept enveloped in a warm milk and bread poultice.

18*th.* No alteration. The Indian hemp had

produced no effect, probably on account of its inferior quality; the spasms were more frequent, and gave him great pain; his jaws were so clinched that it was with great difficulty that nourishment could be administered; and, for the first time, deglutition was effected. His head, trunk, and lower extremities were rigid and immovable; countenance indicated great physical suffering. ℞. Chloroform ℥j; ol. olivæ ℥j. M. Liniment. To be rubbed on the spine, abdomen, and extremities morning and night; thirty drops of the pure chloroform in a little sweetened water every four hours; a poultice of stramonium-leaves to the abdomen, and the following powder at bedtime: ℞ Calomel, grs. vj; morphine muriat. gr. ½. M.

19*th*. This morning I found Chappel free from pain since his attack; had slept four hours, according to the report of his nurse; pulse slower; less spasmodic action in the limbs; continued the remedies; diet, beef tea.

21*st*. Gums slightly touched; rested well during the night; spasms diminished; can open his mouth wide enough to get a small spoon between the teeth; pulse 80, soft and compressible. I directed the chloroform to be more extensively rubbed over the body; the other remedies to be continued; same diet.

24*th*. Chappel was better to-day; can open his mouth sufficiently to protrude the tip end of his tongue; can move and flex the right leg; sleeps well; the spasmodic jerkings were confined to one side; can move his head a little; demands more to eat; bowels slightly constipated; prescribed an enema; discontinued the calomel; continued the chloroform; in lieu of the poultice, his abdomen was covered with stramonium-leaves steeped in hot water; a hot pediluvium at night; chicken soup; a glass of brandy toddy during the day.

27*th*. In addition to the previous remedies, a dose of calomel and opium at bedtime.

28*th*. He was now completely under the influence of mercury; can protrude his tongue about an inch; complains of no pain; rests well. The spasms were continually shifting from one limb to the other, and from one side to the other; his shirt and drawers were saturated with the chloroform liniment; pulse 80; appetite good; can flex both of his legs. Ordered to continue the chloroform internally twice a day, and use the liniment only on the parts affected with spasms; nourishing diet; the other remedies continued.

October 1.—Had rested well night and day; can open his jaws about an inch; spasms less frequent; abdominal walls softer; speech and deglutition natural; excellent appetite; trunk less bent; pulse natural; bowels open. He was ordered to take the chloroform internally twice a day; to use the liniment only when the spasms came on; diet the same.

7*th*. Has continued to improve. Bowels slightly confined; ordered a dose of oil and turpentine; continued the chloroform internally.

9*th*. All of the symptoms better.

11*th*. When I called to see Chappel to-day I found him sitting up in his chair; could move his limbs, and open his mouth wide enough to allow us to examine his tongue and throat; abdomen soft and compressible; pulse 75; appetite increased; sleeps well; bowels regular; complains of no pain, but greatly of fatigue; directed the chloroform to be given at night, and the liniment to be used only when there were pain and spasm; stramonium-leaves to the abdomen; hot salt foot-bath at bedtime; beef and chicken for diet; brandy toddy.

15*th*. He is now able to sit up without much inconvenience; can bend the body without pain; looks well, and appears cheerful. From this date he rapidly recovered; the chloroform was given at night for several days. He is now walking about; appears well in every respect, except a little stiffness of the joints.

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Transactions of the American Medical Association. Vol. V.—This large and valuable volume, containing nine hundred and forty pages with several maps, is for sale by Blanchard & Lea, and will be furnished on remitting *five* dollars.

A smaller edition of this having been printed than of the preceding volumes, those who desire it should apply early.

We understand that the funds thus far received do not cover the expenses of publication.

A few complete sets in five volumes are also still to be obtained at the price of twenty-five dollars for the five volumes.

FOREIGN INTELLIGENCE.

Death from the Administration of Chloroform at the Manchester Royal Infirmary.—A person named Henry Hollingworth, a factory operative from Newton-moor, near Hyde, has fallen a victim, at the Manchester Royal Infirmary, to the use of chloroform, administered to nullify the pain consequent upon a severe operation. An inquest was held on view of the body by Mr. Herford, coroner for the borough, when the following evidence was given:—

Mr. John Wright Baker, house-surgeon at the Royal Infirmary, said the deceased was admitted on the 16th of December, on account of a malignant tumour on the right thigh, to remove which an operation was performed, as it was looked upon as a cancerous tumour, though enveloped in much doubt, as those tumours often are. He was in a bad state of health when admitted, and everything was done to improve his health previous to the operation. A consultation, as I understood, had been held previous to his admission, and it had then been determined that the operation should be performed, of course with the consent of the patient. The consultation was of all the medical men of the infirmary. The deceased, the day before the operation, said he was ready for it, but wished to have chloroform. Almost every patient takes it. I said he should have it if he wished it, and that he would feel no pain, and that I would do all I could to support his strength. I did not give him any caution. We have given chloroform frequently, and never had a fatal case before. At eleven o'clock on Friday, the 24th of December, the operation took place. There were present, Mr. Jordan, as the operator; Mr. Beever, as his assistant in the operation; Mr. Wilson, Dr. Renaud, and Dr. Wilkinson (all members of the honorary medical staff of the infirmary), and myself. Mr. Frederick Heath, a qualified surgeon, administered the chloroform. The man was very much excited, struggled, and talked fast. The chloroform was administered slowly, and every precaution was taken to prevent any danger; and the medical men remarked two or three times how very long it was in taking effect. He at last became insensible in about seven minutes at least. Mr. Jordan commenced the operation by an incision into the skin covering the tumour. I was assisting the surgeon, when Mr. Heath directed my attention to the patient's face. This was about five minutes after the operation had commenced. I then observed congestion about the face, but there was no stertorous breathing. His pupils appeared almost to have ceased to act. His breathing was become exceedingly slow, and he seemed to be sinking fast. I directed the attention of the operator and other medical men to these symptoms. The operation was then suspended, and means resorted to for restoring animation, but the pupils had ceased to act, and had become fixed almost immediately. He gave one strong gasp, and then to all appearance was dead. In administering the chloroform, successive doses were given until it took effect. Every dose consisted of a drachm, taken at intervals, in an inhaler. Constitutions differ with regard to the effect produced by chloroform, but we use every precaution to prevent injury; and I am satisfied that the surgeons did their duty in the administration of the chloroform and in the operation.

Mr. Jordan was examined, and stated, in corroboration of Mr. Baker's evidence, that more time elapsed than usual before insensibility was produced, and then it was not complete, for after the incision was made, the man, more than once, said a cat was scratching him. Chloroform was generally administered in cases of operation, unless there were circumstances which, in the opinion of the surgeons, rendered it undesirable. Mr. Heath was a competent person to administer chloroform. The *post-mortem* examination showed that asphyxia, caused by chloroform, produced the death. There was congestion both of the brain and lungs.

Verdict—"Died from the effects of chloroform."—*Lancet*, January 1, 1853.

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Impending Death from Chloroform; Resuscitation by raising the Epiglottis, and direct Insufflation.—One of M. Ricord's pupils has just addressed a letter to this surgeon, in *L'Union Médicale*, wherein he states that he succeeded in rescuing from the grave a patient of his (who was being asphyxiated with chloroform), by following M. Ricord's plan of resuscitation. The lady was having some verrucæ removed from the vulva, &c., and had been narcotized with the handkerchief and pledget of lint impregnated with chloroform within it. She was rather hysterical, and had had a fit when under the influence of chloroform some time

previously. In this instance, narcotism was obtained after seven minutes' inhalation, and the handkerchief was removed from the mouth from time to time. After the first verrucæ were excised, sensibility returned; chloroform was given again, and in four minutes the whole operation was finished, but the patient was pronounced pulseless, and the ear applied to the chest could perceive no cardiac sounds. The operator, in great alarm, passed his finger into the posterior part of the patient's mouth, and found the epiglottis covering the entrance of the larynx. By pulling the tongue forward, and pressing the base of the epiglottis, the larynx was freed, and the young surgeon then applied his mouth upon the patient's, and vigorously insufflated the lungs, whilst one of the assistants (there had been two all along) pressed down the parietes of the thorax. This was repeated twice, for five minutes at the time; and the patient, who a few moments before was a mere corpse, gradually recovered, and has done well.—*Lancet*, December 18, 1852.

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Oleum Morrhuæ.—In Sweden, cod-liver oil has for some time been employed as an external application in the treatment of cutaneous maladies, and from that country it has recently been introduced into English practice. We have had frequent opportunities of watching its effects as prescribed by Mr. Paget, in the out-patients' room of St. Bartholomew's Hospital. The class of cases for which it appears most applicable, is that of chronic eczematous eruptions, unattended by acute inflammation of the skin or general pyrexia. In abating the troublesome itching which frequently accompanies this disease, especially in old people, it has manifested powers decidedly superior to those of any other application with which we are acquainted. In the majority of instances it can, of course, only be expected to assist constitutional treatment, not to supersede it.

We have as yet had no opportunity of forming an opinion respecting the proposed inunction of the oil in cases of phthisis, where the stomach cannot take it. Whilst on this subject, however, we feel inclined to strongly recommend the practice of exhibiting it *simultaneously with tonics*, as iron, quinine, etc., which is now adopted with great success at several hospitals. The digestion and assimilation of the oil appears to be much aided by such combination. In the treatment of cutaneous struma and lupus at the Hospital for Skin Diseases, it is usual to administer along with the oil small doses of mercurials, which are often continued for many months. The success attending this practice is very great, and appears to much exceed that which results from the administration of either drug alone.—*Medical Times and Gazette*, January 1, 1853.

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Unexpected Cure of Warts by Carbonate of Magnesia.—A stout girl, whose hands were covered with warts, consulted Dr. Lambert for gastralgia, and was ordered to take carbonate of magnesia. At the end of two months the gastralgia remained unaltered, but the warts had disappeared. M. Lambert administered the same medicine to a young lady, in the dose of a teaspoonful night and morning, for a similar affection. After fifteen days of the use of the powdered magnesia the warts became flattened and smaller; they dried up, split, and fell off in fragments, and at the end of five weeks had disappeared without leaving a trace.—*Medical Times and Gazette*, Jan. 8, 1853, from *La Presse Médicale*, Bruxelles, Sept. 26, 1852.

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Permanganate of Potash in Diabetes—Mr. George Sampson, in a letter in a late number of the *Lancet* (Jan. 8, 1153), states, "I have repeatedly applied to my chemical friends to assist me in finding some medicinal preparation capable of giving out oxygen readily when taken into the stomach. The chlorate of potash having failed to effect the desired object, it was suggested to me by Mr. Squire, of Oxford street, to try the permanganate of potash. I immediately adopted the suggestion; and having met with considerable success in the use of this salt, I now venture to call the attention of the profession to this subject, through the medium of your valuable journal.

"I have found this medicine of essential service in several cases of obstinate dyspepsia, especially when there existed a profuse flow of urine; its effect in speedily diminishing the quantity of that secretion has been strikingly marked, and has usually been followed by improvement in the general health.

"The following case is also calculated to show that the permanganate of potash pos-

sesses powers which deserve to be thoroughly investigated:—

"A gentleman upwards of sixty years of age, residing in the country, had for several months been suffering from confirmed diabetes mellitus when I first saw him, two years and a half ago. In the course of the twenty-four hours he passed from ten to twelve pints of urine, the specific gravity of which was 1.035 in the morning, and 1.040 in the evening. The patient was greatly emaciated, and he suffered severely from constant pains in the back and thighs, and from increasing debility. After he had perseveringly tried various remedies for nine or ten months without deriving any benefit, I began, in August, 1850, to give him the permanganate of potash in solution, in doses of two grains, which were afterwards increased to three grains, three times a day. In the course of a few days a visible improvement took place; he felt better; the quantity of urine began to diminish, and the thirst became less troublesome. These favourable symptoms were soon followed by some return of appetite, and a gradual increase of strength. This amendment went on without interruption; the medicine was continued for three months, until the following November, when all medical treatment was discontinued, as the patient felt quite well, and the urine was reduced to its natural amount. A remarkable fact must, however, be mentioned, that at that time, notwithstanding the restoration of the general health, the urine still contained a considerable quantity of sugar. I am not aware whether this state still exists, but the patient's report to me a few days since ran thus: 'I pass less than a pint of urine during the night, and somewhat more during the day; the pains are gone, and I can walk a fair distance without fatigue.'

"The dose of permanganate of potash which I have generally found to agree best with the stomach, is from one to three grains in solution, and it should be given in three or four tablespoonfuls of water three times a day, shortly before meals."

[Our friend, Dr. Wm. Pepper, has tried this preparation in one case of diabetes without the slightest effect on the disease being produced, and we have ourselves administered it in a case of albuminuria, and with a like result. We could not perceive that it exerted the slightest influence over the disease.]

Influence of the Leaves of the Ash-Tree (Fraxinus Polygamie) in the Treatment of Gout and Rheumatism. By Drs. Pouget and Peyraud.—The most useful acquisitions in materia medica are due generally to chance, or, rather, to a protective Providence over human health; *e. g.*, the antiperiodic properties of cinchona.

In 1842, Dr. Peyraud experienced his first attack of gout, for which he employed the usual remedies. The attack lasted twenty-five days. During the three following years the disease increased both in frequency and violence, and the patient went through the several forms of treatment without finding relief. He heard by accident that the infusion of the ash-leaves had long been considered a specific in the department of Dordogne, and that the peasantry of the district used it to "chase away their pains." Dr. Peyraud found it upon trial so useful that he had but one attack of gout from 1845 to 1849.

M. B., a merchant of Bordeaux, was seized with an attack of gout, for the first time, in the right foot. He was ordered infusion of ash-leaves; upon the second day he was able to come down stairs and to leave his house. Ever since he has had recourse to the same remedy with good effect upon experiencing premonitory symptoms, such as headache, loss of appetite, etc. The same success followed its administration in cases of acute articular rheumatism. A house-painter, aged 28, had, upon several occasions, suffered from acute articular rheumatism, accompanied by endocarditis, which prevented his following his occupation for four months or more. December 25, 1849, he had pain in the articulations of the feet, knees, and wrists, with swelling, accompanied by difficulty of respiration and inability to lie down. December 30, he was so weak that it was thought better, before bleeding him, to try the infusion of ash-leaves. In about twelve hours, and after the third dose, the patient was able to breathe easier, and there were fewer precordial pains. On the fourth day, the articular pains had diminished in intensity, the respiration was freer, and the appetite had returned. January 22, he was able to resume work. The authors now administer it in the form of a fine powder in preference to the infusion. Other cases are related in the Essay.—*Op. cit.* Nov. 1852.

Hôpital de la Pitié—Service of M. Nonat. Paralysis of the Extremities treated with Sulphurous Baths and with Brucine.—A gardener, aged 32, was in the habit of plunging his hands into water; his feet also were constantly wet. In the month of April, he experienced a creeping feeling in both hands and feet, which easily became chilled. After a few days he was unable to walk steadily, nor could he carry watering-pots with ease. Soon he stumbled, in spite of himself, could carry no weight, and was obliged to give up work. August 22, the hands are flexed and pronated; the patient can scarcely bend his fingers; he can neither raise nor supine the hands; the forearm is thin, but it can be flexed or extended upon the upper arm. The feet are extended upon the leg (*i. e.*, the toes pointed downwards), and turned from without inwards; the leg is thin, and the ligaments seem relaxed. The extensor muscles of the leg (quadriceps extensor cruris) are paralyzed, the muscles of the calf hard, and tender on pressure. The functions of digestion go on as usual, and the patient has never had pain. From the day of his admission into the hospital to the present time (September 10), he has taken brucine pills, and had sulphur-baths. There has been slow but progressive improvement, which is evident both in the arm and in the thigh; the feet and legs remain the same. Paralysis of the four extremities coming on without any other appreciable cause than the frequent immersion of the hands and feet into water is a very rare occurrence. All the features in the above case illustrate exactly the "progressive muscular atrophy" described by M. Aran. Perhaps too much importance may have been attached to the fact of the immersion in water.—*Op. cit.* Nov. 1852.

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Ammonio-Sulphate of Copper.—At the Westminster Hospital, Dr. Hamilton Roe has recently employed this salt very successfully in the treatment of a series of cases of severe chorea, the patients being mostly children under fourteen years of age. In several, the sulphate of zinc and sesquichloride of iron had been tried previously, and without benefit. The dose given has been from half a grain to a grain three times daily. Its use in this complaint is not novel. In Italy it has gained a considerable reputation, and is known by the name of the "specific of Stissero." Mr. Startin, of London, has for some time been accustomed to prescribe a long-continued course of the ammoniated copper in malignant diseases, and seemingly with some good results. Its action is probably that of a tonic. In several cases the health of the patient has appeared to improve very perceptibly. Scirrhus of the breast and cancroid ulcers of the skin are the forms in which it has principally been tried. The dose has ranged from the eighth to a quarter of a grain three times daily, and has often been continued for many months. We believe it has been employed for nearly similar purposes in veterinary medicine.

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Treatment of Acne and Boils.—We have classed these diseases together because they appear to depend very frequently on similar states of the constitution, and are also amenable, for the most part, to similar plans of treatment. The great degree of success which we have observed to accrue from that pursued at the Hospital for Diseases of the Skin, makes us desirous of attracting to it the attention of the profession. It consists, essentially in the combination of ferruginous salts with saline aperients.* In the common forms of acne, as acne simplex and punctata, Mr. Startin usually prescribes ferri sulphat. gr. ij, magnes. sulph. ℥i, ter die sumend.; ordering also a small portion of an ointment, containing the ammonio-chloride of mercury, gr. x ad. ℥j, to be applied to each pimple every night. The acne indurata is characterized by much more of inflammatory condensation of tissue, for the removal of which it is usually necessary to excite the absorbents to increased action, and the iodide of iron, in doses of gr. iij, three times daily, appears to be its most efficient remedy. All who have attentively watched the phenomena attendant on the furunculous epidemic which has been so rife of late years, will be aware that its outbreak in individuals has been very frequently preceded by headache, giddiness, lassitude, dyspepsia, and other evidences of a disordered state of the circulating fluids. This granted, and we have at once a scientific basis on which to ground the requisite treatment. By the exhibition of full doses of iron, in combination with saline purgatives, the blood is at once depurated and renovated. The usual prescription at this hospital is mist. ferri acid. ℥iij ter die, and

* Mist. ferri acid. ℞ Magnes. sulph. lb. iss, ferri sulph. ℥j, acid sulph. ℥ij, decoct. quassiæ ℥ss.—Pharmacopœia of the Hospital for Cutaneous Diseases.

under its use the improvement in the general health is often no less manifest than the rapid subsidence of the local disease. With greater care in regard to purgation, the same plan may be adopted in cases of small carbuncles.—*Medical Times and Gazette.*

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Painful Erections.—Dr. Segmond, of Vienna, recommends, in painful erections, lupulin, in the dose of one grain mixed with sugar every two or three hours. Lupulin is a mixture of the microscopic glandular corpuscles which cover the outer shell of the female flower of the hop, and is not to be confounded with lupulite, the bitter principle of the hop.—*Medical Times and Gazette,* November 20, 1852.

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Diphtheritic Exudation in Scarlet Fever.—Dr. Willshire, at a meeting of the Medical Society of London (Nov. 20, 1852), inquired if any member practising on the Surrey side of the river had noticed any peculiarity in the present epidemic of scarlatina. It had never been his lot to observe scarlet fever so fatal. It was not, however, peculiar only for its fatality, but for the strong tendency which prevailed to a diphtheritic exudation in the throat. This tendency to diphtheritic exudation also existed in other diseases now prevalent. It took place on a blistered surface, on sores on the nates, &c., and in some cases on the mucous membrane of the vagina. He had seen two cases of the latter, occurring in young women at the Surrey Dispensary. Did this peculiarity occur in the higher situated parts of the metropolis! He might mention that in many cases of scarlatina the patient succumbed early in the attack; in others from the sequelæ; but he had seen no case in which the ulceration of the throat had extended to the internal carotid or jugular vein. In most of the cases ammonia and bark were required from the first, with the application of the nitrate of silver to the throat.

Mr. Brown had had no experience of the disease on the Surrey side of the water; but he had noticed in his practice that, in cases of scarlet and low fever, there was a great tendency to diphtheritic deposit on the mouth, tongue, and throat. He had seen some cases of the disease affecting the mucous membrane of the vulva. No doubt the cause was atmospheric. These patients required support, with wine and tonics, from the commencement.—*Lancet,* November 27, 1852.

Treatment of Vesico-Vaginal Fistula.—Dr. Druitt made a few observations on this subject at a late meeting of the Medical Society of London, chiefly with a view of recommending to the notice of the Society a very useful form of metallic quill suture, which was advocated by Dr. Marion Sims, an American physician (See *Am. Journ. of Med. Sci.*) Dr. Druitt had a patient who was the subject of this distressing malady, as a consequence of protracted parturition, which had led to extensive sloughing, after which the cicatrized parts around the fistula were of extreme hardness. After the main extent of the aperture had been closed by the ordinary operation, there was one corner at which a small canal existed, the sides of which it was extremely difficult to keep in contact long enough to admit of their healing; but this had been at last accomplished by the method of Dr. M. Sims, which is as follows: After the edges have been pared, and a sufficient number of fine threads have been passed through both lips of the wound, each thread is made to draw through a fine silver wire, which is to serve for the suture. Then the operator must be provided with two clamps of silver or other white metal, each a little longer than the transverse diameter of the wound. These clamps are perforated with holes; the wires are passed through the holes, and the clamps are fixed by means of split shot, which are passed up the wires to the proper distance, and then fixed by a pinch with the forceps. One great advantage of the wire ligature was, that it was quite unable, like silk or thread, to absorb urine and other liquids, by which threads of absorbent materials are converted into setons of a most suppurative kind. He further showed a needle, with a fish-hook curve, which he had found useful for introducing the sutures through both lips of the fistula. He then spoke of a method of examining the vagina and os uteri without the speculum, which consists in placing the patient on her hands and knees; then, if an assistant separates the nates, and throws open the orifice of the vagina, the abdominal parietes descend, and the atmosphere enters and distends the vagina, rendering every part of it, and even the os uteri, visible in a good light. This plan of examination he believed to be not without its uses in cases in which the speculum was not deemed necessary.—*Medical Times and Gazette,* December 18, 1852.

Iodine Injections.—Dr. Boinet has, for some time, employed with success iodine injections in cases of chronic abscess, fistulæ in ano, ascites, and certain affections of the mucous membrane, characterized by diminution of their vitality, relaxation of their texture, by exaggerated and vitiated secretion, such as blennorrhagia, vaginitis, etc. He has also attempted, by the same means, the obliteration of ovarian cysts. Dr. Boys de Loury had lately a case treated successfully in this way. A woman, aged 51, became the subject of an ovarian tumour, which resisted all kinds of treatment, and she became an in-patient of the Hôpital St. Lazare. On May 14, 1852, Dr. Boinet, at the request of Dr. de Loury, punctured the cyst with a trocar, and gave exit to a quantity of colourless fluid; then he injected the following: Distilled water, 50 grammes; tinct. of iodide, 50 grammes; ioduret of potassium, 2 grammes. The fluid was left five minutes in the cyst, then let out, and the wound was closed with plaster. Severe inflammation followed the operation, but the patient recovered completely within a fortnight. The injection of the iodine caused only a sensation of heat.—*Medical Times and Gazette*, December 4. 1853, from *L'Union Médicale*, Sept. 11, 1853.

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The Comparative Anatomy and Physiology of the Salivary Glands in Man and other Vertebrate Animals. By M. C. L. Bernard.—Anatomy shows the group of salivary glands as an homogeneous apparatus, of which the different parts are identical in structure. Physiological analysis, on the other hand, teaches that the secreted products are of different composition. In spite of the mixture of the different kinds of saliva in the mouth, their functions remain distinct. The characteristic of the parotid is to secrete for mastication; that of the submaxillary for taste; that of the sublingual and buccal for deglutition. We cannot expect to find in birds the homotypes of the parotid and submaxillary glands, because the functions connected with these two organs, namely, mastication and gustation (taste) are wanting. The viscid and glairy secretion which flows from their glands has nothing in common with the parotid and submaxillary fluids of mammalia, but it is identical with that furnished by the sublingual and buccal glands. In mammalia, which masticate hard and dry articles of food, the parotid attains its extreme development; in those which, as the phoça, live in water and feed off moist substances, this gland is atrophied, or absent altogether. The other glands retain their size according to the necessity of the function over which they preside.—*Medical Times and Gazette*, December 25, 1852, from *L'Union Médicale*, 1852.

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Tying the Artery above the Sac in Aneurism.—M. Roux, who adopts, in the treatment of aneurism, the plan of tying the artery above the sac, as recommended by Hunter, observes that, in consequence of these operations, several consecutive accidents have been observed. Of eighty-two cases recorded by the author, gangrene ensued in four; two were instances of partial mortification in patches; two were instances of sphacelus of the entire limb. Consecutive hemorrhage occurred four times; at the fourth day, at the twenty-second, at the thirty-fourth, at the fiftieth; that is to say, in the last case, after the separation of the ligature. As a general result of operations undertaken for the cure of spontaneous aneurism, there were ten unfavourable cases, and twenty-three cures. Operations undertaken for consecutive false aneurism were followed by much more favourable results. In ten cases (instances of false aneurism of the brachial artery from bleeding) the result was favourable in all. Accidents in bleeding had produced six cases of arterio-venous aneurism, for which the brachial artery was tied; success ensued in four cases; in two, gangrene, demanding amputation of the limbs, supervened.—*Op. cit.* Oct. 1852.

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Infusoria in Cancer of the Mouth.—Mr. Weeden Cooke exhibited under the microscope, to the Medical Society of London (Oct. 16, 1852), some infusoria which he had taken from a case of cancer of the tongue. It had been stated that these insects were to be found in cancer generally, but he had only discovered them in that disease when situated in the tongue. Did this arise from the warmth of the mouth? Some of these insects, as seen in the field of the microscope, appeared of the size and shape of bugs; others were of an eel-like shape. He brought forward the insects, as he thought they were interesting in regard to many points in the pathology of cancer. Were they, for instance, peculiar to cancer? Did they originate from the ova of insects getting into the

mouth from the exterior?—*Lancet*, Oct. 23, 1852.

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Preservation of Leeches.—M. Schuller states, that of all the means that he has tried for preserving leeches in a healthy state, and for restoring those that have become diseased, he finds well-burned charcoal the best. It is to be well-soaked three or four times in fresh spring water, and then laid, unbroken, and while yet wet, in a large glass receptacle, into which the leeches, after being well washed, are then to be put, no water besides that which adheres to the charcoal being added. The whole is to be tied over with a cloth, and put into a cool cellar for five days. Unhealthy leeches thus treated become well and eager to bite. In summer, the leeches should be laid in the charcoal once a week, and in winter once a fortnight. By this means, M. Schuller is enabled to preserve his leeches in a most healthy condition, even in the hottest weather. Dr. Buchner has found wet turf as useful as charcoal.—*British and Foreign Medico-Chirurgical Review*, October, 1852, from *Buchner's Neue Repertor.* I. 226.

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Artificial Production of Fish.—An account was given a short time ago of the discovery of the means of producing fresh-water fish to an immense extent, by preserving the eggs of the female, and applying to them, at the suitable time, the milt of the male; and it was stated that an extensive application of the system had already been made with the most extraordinary success in numerous rivers and streams in different parts of France. The French Government, in order to increase the food of the people, and to create a new branch of commerce, has resolved still further to extend the application of the system; and it has directed several eminent scientific gentlemen to occupy themselves with it, and especially to ascertain whether it can be applied to salt-water as well as to fresh-water fish. In execution of its instructions, M. Coste, Member of the Institute, and Professor of the College de France, has visited an establishment for producing fish near Huningen, founded by MM. Berthot and Detzem, engineers of the canal from the Rhone to the Rhine, to see whether it cannot be made to supply all sorts of fish in sufficient quantities to stock all the rivers, streams, canals, and lakes in the country. M. Coste has given an account of his mission in a long report to the Ministers of the Interior, Agriculture, and Commerce; and the report has just been published for public information. After briefly noticing the vast importance of the discovery, and mentioning that the credit of having turned it to a practical account belongs to two fishermen, named Gehin and Remy, of Bresse, in the Vosges, M. Coste states that he has ascertained by experiments made in conjunction with Messrs. Berthot and Detzem that the eggs of the fish may be conveyed any distance out of water without losing any of their qualities, and that they may be made by a very simple apparatus, to become excluded or hatched, more safely than when deposited by the female in beds of streams. By this plan, M. Coste asserts that it is possible to get two yields of fish instead of one in the same period of time, and thereby to stock all the waters in France at scarcely any expense. He then goes on to say, that Messrs. Berthot and Detzem have this year, notwithstanding their resources have only been scanty, produced in the reservoirs of the canal, not fewer than a million of trout and salmon. He recommends that a sum of money should be placed at their disposal to carry on operations on a grand scale; and he goes into lengthened details to prove that their establishment, from its position near sheets and streams of water, is peculiarly adapted to become a great centre of the artificial production of fish. He gives a minute description of the apparatus he proposes to employ in preserving the females' eggs, and in causing them to become excluded; and he states that it will enable fish, peculiar to the Rhine, to the lakes of Constance and Zurich, and to the Federsee, to be easily produced and naturalized in French waters. He next shows how the extensive reservoirs, which exist or may be created at Huningen, will allow the fish to be divided according to their species and age; and how the fish, when grown up to a certain size, may, if required, be removed from place to place. He proceeds to state that a sum of 22,000f. will be sufficient to prepare the establishment of Huningen for what is required, and an allowance of 8,000 francs a year enough to keep it up. In the course of his report, M. Coste takes occasion to mention the curious experiment he made some time ago of producing salmon in a vessel at the College de France, by simply causing water to flow from a cistern over

fecundated eggs; and he says that the salmon so produced are at present more than two inches in length, one-fifth of which they have grown within the last 25 days. He further announces that he has likewise succeeded in producing, also at the College de France, a considerable number of lobsters; and he dwells on the importance to the country of increasing the production of that and other descriptions of shell-fish. M. Heurtier, director of agriculture and commerce, has also addressed a report to the Minister, in which he relates the extraordinary results obtained by Gehin and Remy's system, and strongly recommends that the 30,000f. demanded by M. Coste for Huningen shall be at once awarded; also, that that gentleman shall be sent into Italy to examine into the means of preserving and producing fish employed near the Adriatic, and especially at Commachio. The Minister has approved of these recommendations.—*London Journal of Medicine*, September, 1852.

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Life prolonged for eight months by Food artificially introduced into the Stomach.—[The following case, recorded in the *Lancet* (Dec. 4, 1852), by F. W. Cannon, Esq., is remarkable for the long period life was prolonged by the artificial introduction of food into the stomach] :—

Miss H——, single, aged forty-five years, of very spare habit and melancholy temperament, was committed to my care in 1844, labouring under religious melancholia. During five years and a half residence in my asylum, her appetite varied considerably; for days successively, she refused to take anything but biscuits and water, at other times she ate great quantities of food, and especially beef, with a large proportion of fat. From the 22d of August, 1848, to the 12th of February, 1849, she positively refused everything, even water, during which period, she was fed by the stomach-pump on beef-tea, eggs, gruel, &c. &c. On the 13th of February, she sipped some cold water, and from this date, until the 16th of March, continued to do so at intervals, on the latter day taking treacle and water. She occasionally drank water, or treacle and water, up to the 28th of April, obstinately refusing, from this period until her death (which occurred January 4, 1850), all food, &c., except that which was given by the stomach-pump. For sixteen months, then, this lady had the pump introduced daily—sometimes moistening the passages with fluid, but life was wholly sustained during rather more than eight months by the artificial introduction of everything that entered the stomach.

The only reason that my patient ever assigned for abstaining from food, was, that she feared to produce pain in her mouth, to which she had been subject; I believe, however, that she had some religious scruples, which I could never induce her to disclose.

It was somewhat singular to witness (after the first three or four introductions of the tube) the eagerness with which she assisted in the operation, and the great anxiety manifested lest I should forget her times of taking food.

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Ophthalmological Gimcracks.—Professor Jacob, of Dublin, who holds a high station as an anatomist and successful cultivator of ophthalmic surgery, prefaces some extracts from the journals with the following just remark:—

"The following account of some of the 'new found old inventions' of the day proves that this branch of surgery is still in the hands of men who do not understand it. What between want of skill in the use of simple instruments, and want of better means of realizing ophthalmological character, there is no end of these *niaiseries*."—*Dublin Med. Press*, Nov. 17, 1852.

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Influenza.—During last November, this complaint was so general at Madrid that scarcely a family escaped it.

—

Cholera at Berlin.—The Berlin Committee of Health has made its last report, the epidemic having for the present ceased. Since the appearance of the disease there had been 235 cases; of which, 157 were fatal; 78 only were cured.

—

Out-Patients.—[There is much truth in the following remarks of our esteemed contemporary the *London Journal of Medicine*] :—

A great delusion is practised at most of our hospitals by the indiscriminate bestowal of advice (?) and drugs on all comers, "out-patients" as they are called. The time in which persons are prescribed for is often only a fraction of a minute; and from the vast number of people who are officially reported to get this kind of advice at our various hos-

pitals, we infer that one or two minutes is above the average amount of time which each applicant has devoted to his case, and that after hours of waiting! The out-patient system pauperizes many by leading them to seek charity when they do not require it; it makes all lose valuable time, often a whole day, and the chances are that little if any good is done to the ailments. The monstrous character of this abuse must soon attract public attention; it is ruining some members of the profession by taking their patients: and by impressing the recipients of hospital advice (?) with the valueless nature of therapeutic resources.

—

Nees von Esenbach.—The *Wiener Zeitung* publishes an appeal on behalf of Nees von Esenbach, one of the most learned German naturalists, who, having lost his professorship on account of the part he took in the political troubles of 1848-49, is now living in the most extreme destitution and misery in Breslau. His deprivations are not comparative; he is literally threatened with death from old age and hunger. The paper states that the Professor, who is in his 76th year, lives in a low suburb of Breslau, in a miserable den that can hardly be called a room, over a cow-stall. His extensive library has been sold to pay his debts, and a large collection of plants, which in some branches is described as unequalled, he has in vain endeavoured to dispose of. It is his only property, and, after the trifle it may realize has been exhausted, there is nothing before the gray-haired *savan* but starvation.—*Prov. Med. and Surg. Journ.* November 24, 1852.

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The Medical Profession and American Slavery.—A certain Benjamin W. Richardson, in a letter to the editor of the *Lancet* (Dec. 4, 1852), writes as follows:—

"I see in the *Times* of to-day, that a meeting of ladies has lately been held at Strafford House, for the purpose of addressing a memorial from the women of England to the women of the United States, in favour of the abolition of slavery.

"While I earnestly admire the philanthropic motives which called these ladies together, and anticipate great good from their labours, I cannot but think that they have set before the English members of the profession of medicine, an example well worthy of being followed."

He then inquires: "Now might not we, the medical men of this country, do much good by transmitting a fitting memorial to our Transatlantic brethren, entreating them to lend their aid to every endeavour that shall be made to abolish slavery?" and he makes a long appeal, characterized by the usual cant and twaddle, that they should do so, very thriftily observing "that the memorial might be prepared at the merest outlay of labour and *at little pecuniary cost.*"

We might suppose, from the grievous complaints continually made in the British Journals, of the evils which afflict the profession in that country, and which have driven, we are told, some members of it to enroll themselves as policemen, and others to advertise for menial situations, even that of gentleman's valet, that the profession had enough to gratify their philanthropy in effecting reforms at home without adding to their labours by intermeddling with the concerns of those at a distance. When they shall have succeeded in accomplishing a reform in their own condition, in ameliorating that of their labouring population, and in liberating their vast East Indian population from their worse than negro bondage, their example will effect more in stimulating the profession in this country to engage in similar philanthropic enterprises than any memorial they can now send us.

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Kinesitheropathy.—Electro-biology has already given place to kinesitheropathy, *medical gymnastics*, or *Lingism*, so-called from its originator Ling. In othor words "the last new fudge" has given place to a newer.

This Ling was a Swedish epic-poet and fencing-master, who died in 1839. In his latter capacity he made the profound discovery that the health of his pupils was materially benefited by exercise; in the former he originated the idea that this health might be made perfect, and perpetuated by judicious gymnastical expedients. Lingism, therefore, may be said to be a sanitary satire on inaction and idleness, just as hydropathy is on dirt and drunkenness, or homœopathy on pathological hair-splitting, and draught-drenching, or electro-biology, on spiritual disbelief in matters of physiology.

What progress this new quackery will make remains to be seen. In Sweden it is flourishing under royal patronage, and in Russia and Prussia it is said to have friends in high quarters.—*Ranking's Abstract*, vol. xvi.

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CLINICS.

Clinical Lecture on Excision of the Elbow-Joint, delivered at King's College Hospital. By Wm. Fergusson, Esq., F. R. S.—Gentlemen: During the last few months we have had under treatment in the hospital several very interesting cases of disease of the joints, wherein we have been attempting to save the limbs by performing the operation of excision or resection of the extremities of the bones constituting the articulations. I need hardly tell the youngest pupil among you, that the terms excision and resection of joints have only been of late years familiarly known to the surgeon; for, indeed, among the older surgeons, the treatment of diseased bone and joints was restricted to two methods alone, viz.: the employment of local applications, when it was deemed that the morbid conditions might be changed or cured; and, if these failed, amputation of the extremity in which the disease was situated. There was at this time no medium between the two; if the condition of the bone or joint affected was incurable, or deemed incurable, the whole or greater portion of the limb was at once removed by means of the amputating knife; and, of course, not unfrequently the life of the patient was sacrificed at the same time. But, fortunately for the subjects of these maladies, as well as for the sake of our science, great advances have been made in the surgery of diseased bone and joints. Surgeons do not any longer resort indiscriminately to amputation—at least many of them do not—but find that they are enabled, by removing the diseased parts by a limited operation, to save both the life and the limb of their patient.

These observations apply to a great many operations hardly known to our predecessors; they apply to necrosis as well as to diseased

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joints, both instances in which amputation was formerly practised. But, in my present lecture, I shall confine my remarks exclusively to the operation of excision or resection, as applied in cases of diseased joints. I have little doubt that there will be many additional opportunities for your attention being called to this department of surgery during the session; but, as there has been of late a number of cases collected together in which resection had been done, it will be advantageous to draw your especial attention to this subject at this period. And, at the outset, I must beg of you to bear in mind that, as students of surgery, and future practitioners, you cannot over-estimate the importance of this subject; indeed, I do not think that I, as your teacher, or that any teacher in surgery, can bring it too often before your minds, for, in my humble opinion, these operations constitute as nearly as possible the perfection of surgery.

Now, you know it is generally considered that amputation is the opprobrium of surgery; this term is constantly applied to it in a thoughtless and careless manner; but I think that this expression should not be used in connection with amputation or any other surgical procedure, for by doing so we give as it were to surgery the capability of curing all diseases. But there is no other department in social life in which man and his resources are considered infallible; and we all tacitly allow that surgery and surgeons cannot control or cure all diseases. It therefore appears to me to be absurd to blame our art because it sometimes, and that not unfrequently, fails us. While I hold these views, I feel equally bound to confess, that I do not consider surgery is come to that condition that we can go so far and no further. No surgeon should say this, otherwise he will retrograde instead of advance in knowledge. The most accomplished surgeon should endeavour to improve his resources, however well he may wield them; for indeed it will be found that the best surgeon is the least satisfied with the amount of knowledge he possesses; that which he is already master of does not blind him to his ignorance. I have generally found that young men of two or three and twenty consider themselves most perfect surgeons; and I am speaking now of gentlemen who have really and truly studied their profession with all the ardour they can; but if they still continue with the same energetic purpose, they will find in the course of five or six years more that they are not such masters as they supposed themselves to be, and that, in fact, they are ignorant of a great deal; and as they get on, they see the necessity of not neglecting any means of improvement, if it is their wish and determination to practise surgery with credit and success. Well, it is in consequence of this wholesome spirit having existed, that surgeons of the present age have seen the propriety of making some advancement in the treatment of diseased joints. Some of them thought that it was unnecessary to remove the whole member for the purpose of curing a diseased joint, and it began to be considered that it was safest and best to remove as small a portion of the body as possible by an operation, when it was soon shown that joints alone might be excised, and yet the whole limb be saved.

I have made these preliminary observations for the purpose of impressing upon you the great advantage of what has been so appropriately termed conservative surgery, surgery which saves by destroying as little as possible, which enables the practitioner to get rid of disease with the smallest amount of mutilation, and, as hitherto known, with the perfection of surgical practice; I say hitherto, because as yet we do not possess the means of curing certain conditions of disease of the joints. If we did, I would then willingly admit that we had gone a step further, and acquired a power superior to resection.

Although in my opinion no one can conscientiously say that they can cure a diseased bone or joint, there are some who boast that they can do so; and they are justified, in their own sight at least, in saying so, because some instances are met with every now and then where the most formidable kinds of disease of these textures are in common language cured. Certain remedies have been given, and, in the course of time, a favourable change has taken place when there appeared to be no hope; but the surgeon must not too hastily attribute the cure to these remedies. In most of these cases Nature has done the work; the morbid actions, in the course of time, and, under favourable circumstances, have been arrested; and thus a cure is said to have been made. It is more proper, however, in speaking of such cases, to say that the part has got well, than that the surgeon has cured it.

I think, therefore, that we shoud be care-

ful in the language we adopt in reference to this subject. Admitting, as I do most frankly, that I have seen instances where bad joints have got well, as where all the bones of the wrist-joint were grating on each other; nevertheless, in the majority of such cases there will, in the end, be the necessity for active interference on the part of the surgeon. It then becomes a question what is to be done: whether he can remove the disease by an operation purely local, or whether it will be necessary, for the sake of the patient, to take away the entire member by amputation.

You must take it for granted, that, prior to this question arising, all those remedies which are found useful in diseased joints have been employed by the surgeon, that the affection is getting worse, and that unless something decided is done the patient may be destroyed, or at least may possess a limb entirely useless to him. The cases which I shall now bring before your notice were under these circumstances: The first is that of Mary Brown, aged 44, who was admitted in the spring of this year, with what I may truly term incurable disease of the left elbow-joint. The disease had been in existence for seven years, and had run through its course of inflammation, suppuration, destruction of cartilage, and, probably, partial anchylosis. However, a few weeks before her admission, fresh disease set up in the joint with great severity, and increased so much that the part got into a very bad condition, and the health of the woman was very much broken up. Various remedies were tried, but the patient rapidly got worse, and at the expiration of seven weeks from her admission it was deemed necessary to perform some operation.

The question here was, Should amputation of the arm be performed, or should excision of the joint be had recourse to? I believe it was a case where many surgeons would have performed amputation of the upper arm, because I am aware that it is done in cases even of disease of the elbow-joint in young persons; but here the patient was beyond that age at which it is customary to put this proceeding in force. It is considered that excisions are not so likely to be attended with success in persons of mature age, and in elderly people, as in those more youthful. However, taking all things into consideration, I thought it better to perform excision of the elbow-joint, and I accordingly did this, May 29, in the ordinary manner; the ends of the bones were in a much diseased condition. The circumstances were very unfavourable here, and I am aware that remarks were made by some persons at the time, to the effect that the operation of excision was extraordinary treatment. These were not intended for my ears, but nevertheless they did reach them. I do not wonder at remarks of this nature coming from individuals who know little or nothing about excision of joints. Those who are familiar with the nature of these operations, and who in reality understand this branch of surgery, do not indulge in depreciatory observations, or, at all events, if they do, they keep them to themselves.

Well, time has proved the correctness of the decision come to in reference to this case; for, although the convalescence was tedious, and great care was required in dressing the wound, the patient progressed most favourably, and we had an opportunity the other day of seeing how well the case has turned out, and what good position the arm is in. The parts were kept, after the operation, in such a position that, should anchylosis occur, there would be a right angle at the elbow. It was not thought likely that a good false joint could be formed here at the patient's advanced age, and therefore there was not any motion allowed; nevertheless, there is now a false joint, and she has now a tolerable use of her forearm and hand. Altogether, the case may be looked upon as creditable to surgery, and as a good illustration of that which is so aptly termed Conservative Surgery.

The next case is also one of diseased elbow-joint. The name of the patient is Anne Gough, a woman aged 30, who was admitted about a fortnight since into the Victoria Ward. She had been suffering from a disease of the right elbow-joint for two years, which had been treated by various methods, but benefit had not accrued. When she was admitted, the appearance of the joint was just such as is observed in cases where there is very serious disease, although there was not any sinus or fistula. It might have appeared to those who saw it, that there was not so much disease here as in the other case, where there were several sinuses; but I felt certain that the morbid condition was very great. I therefore excised the ends of the bones on November 27, and here (showing the excised parts)

you see them. You can hardly recognize the ends of the radius or ulna, and the lower extremity of the humerus is in a very diseased state. This patient has been doing very well indeed, and, as she is so much younger than the other, I shall by-and-by permit some gradual motion, in order that a false joint may be formed.

The next and last case in which the operation of excision of the elbow-joint has been performed is one of so interesting a character that I must detail it at somewhat greater length to you. The principal features of the case are detailed in the books as follows :—

"George Gaskin, aged 34, a sailor, was admitted into the Albert Ward at the end of September, with a distorted condition of the left elbow. It appears that while at sea, on the coast of South America, some seven years back, he fell from the rigging of his vessel, and injured his elbow. According to his own account, it was at that time dislocated. Unfortunately for him, there was not any surgeon on board of his ship, and it was not until after some days that he had any professional advice. He then saw a surgeon, who told him that he had merely sprained his arm, and that an embrocation would put it all right.

"After his return to England he went first to St. Bartholomew's Hospital, where attempts were made to put the joint into a more useful position, but they were not attended with any success. The forearm was now nearly on a line with the upper arm, and of course it was very inconvenient to him. He now consulted a quack surgeon in the north of England, who tried by various manipulations to remedy the distorted state of the limb by using powerful flexion, and he succeeded in altering its position; but with this state of things the patient became dissatisfied, and allowed the limb to be violently extended. By these means combined, a certain amount of improvement was brought about. Some time after this he again submitted himself to some more severe manipulations, which ended in producing a fracture of one of the bones of the forearm.

"Some time afterwards he applied to a surgeon in his native county, who tried hard for a long time to alter the position of the limb, but he did not effect any melioration. The patient subsequently again came to London, and placed himself under the care of one of the surgeons at Guy's Hospital. This gentleman made an attempt to get the arm out of its extended position by cutting across the triceps, and afterwards placing the limb in a certain position, but no good was done by this measure.

"The man then left this institution and entered the Royal Free Hospital, where various incisions were made about the joint and the flexor tendons were divided. However the arm remained in the same position. He was afterwards admitted into King's College Hospital.

"The forearm was nearly in a line with the upper arm, and the elbow-joint presented the appearance as though some of the bones had been knocked out of place. The olecranon process was very prominent, and the ulna and humerus were perfectly anchylosed, but the radius was movable on the humerus; there also appeared to be great thickening of the bones. The limb was totally useless to the man, from the unfortunate position in which it was retained, and he was willing to undergo any mode of treatment which would promise to bring it into better adaptation for use. Mr. Fergusson, therefore, determined to excise the joint, and afterwards to place the forearm at right angles with the arm, and keep it in that position. Accordingly, on October 9, the patient was placed under the influence of chloroform, and the ordinary incisions in excising the elbow-joint were made, and the ends of the bones were cut out. There was great difficulty in the operation in consequence of the enormous thickening of the extremities of the bones. The arm was placed in a flexed position."

Now, you saw that this man's arm was in such a position before the operation that it could not be of any use to him whatever; and there was, moreover, extensive exudation of new bone, the result of injury or disease. The joint had been cut into by other surgeons, incisions had been made, and tendons had been divided without any definite object, or without doing any good, and, indeed, it could not be expected that these measures would do any good. When he appeared here, it struck me that if I were to excise the extremities of the bones, it might have the effect of permitting us to place the limb in a position in which it might be of some use to him. Well, after I had done the operation, I took care to order that in a short time a little motion might be encouraged in order to bring about a false articulation, and you now see the result. The arm

is in capital position, the wounds have healed up, and there is a limited motion in the joint. He certainly does not move the joint so freely as I could have wished, because there is a deal of thickening about it, but you saw how enormously the ends of the bones were enlarged when I took them away, and this may possibly account for there being less motion than we usually see in instances of false joint after resection here.

I have not heretofore had an opportunity of doing an operation of this nature with the same purpose in view, and, in this instance, I was led to adopt this mode of proceeding from what I saw some few months ago whilst I was in Edinburgh. There was a case of anchylosed elbow-joint in the Royal Infirmary there, under the care of my friend Dr. Richard Mackenzie, and it was proposed, in that case, to extirpate the joint. In the course of a week or two afterwards I found that Dr. Mackenzie had performed this operation with the very best results; and I believe that there are many cases in which a similar mode of treatment might be adopted with equal advantage. I must, however, state to you that in America operations of this nature have been performed; for Dr. Barton, of Philadelphia, has, in more than one instance, cut through bones near joints which have been anchylosed in a bad position; and, in one instance, that of a sailor, where anchylosis of the hip had taken place, and had rendered the limb useless, the femur was cut through with a favourable result.

My time will not allow me at present to refer at any greater length to this important subject; but I shall take another opportunity of drawing your attention to a case which has excited great interest among us all. I allude to the instance where I performed excision of the knee-joint, an operation which you know has been so rarely performed that its merits and expediency are as yet only *sub judice.—Med. Times and Gaz.* Jan. 15, 1853.

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Clinical Lectures delivered at the "Hôpital des Cliniques," by M. Nelaton. Reported for this *Journal*, by Walter F. Atlee, M. D., of Lancaster, Pa.

Case I. *Necrosis of the Radius.*—We have a case of necrosis of the radius, in a young man of twenty. He has the aspect of strength. He is a cabinet-maker by trade. Five years ago—and before that time he never was sick—after having worked all day, he was suddenly seized with a sharp pain, keeping him from sleep, in the exterior part of his forearm. He called a physician, who applied leeches to the part, for there was inflammation. After several days a red spot appeared towards the inferior extremity of the radius. Thinking it an abscess, the physician made a puncture, but no pus issued. After the ninth day he made another puncture, a few centimetres nearer to the elbow. At the end of a year he began again to work with these fistulas. On examination you find that the border of the radius is bigger than it should be. The osseous projection is towards the external border. With a sound you find a sequestrum. It is now to be determined if there be one sequestrum or several. The sound is now inserted in one hole, touch the sequestrum, and I try to cause motion in the other opening. This takes place. I think, then, there is here one large sequestrum, as large as my finger. This examination has determined also its mobility. Besides, it is necessary to know if it is surrounded by soft parts, or in an osseous sheath. You know that pus is formed, and, if the sequestrum be inclosed in a new bone, there is a cavity. It is necessary to take a stylet and make it penetrate as far as the sequestrum. When the instruments are withdrawn there should be a spring when the sound quits the bone. Here I am in doubt; I think that there is an osseous sheath, but not inclosing all. In this case the disease commenced suddenly. I have often seen cases like that of this young man. There is sharp pain, often a chill, and nothing is visible externally. Generally, the physician takes it for rheumatism, and you can be readily led into error. This pain is assuaged by pressure. All this lasts some days. At last you find a liquid, you make a puncture, and there is a flow of pus. You see all this generally in the thigh. Towards the sixth or eighth days you have the swelling of the thigh, the puncture, and the determination of a denuded bone. In the case of this young man, I am convinced things have occurred as I have just told you. I am satisfied that if the physician had examined on the ninth day, when he opened the abscess, he would have found the bone denuded. In this bone the long abductor and short extensor are situated alongside of the fistula. We shall take care in our incisions, and pull aside the muscles. Sometimes, in

these cases, the flow of blood is very abundant; the bone being surrounded by a tissue of soft parts, but quite hard, a kind of fibro-cartilage; when you cut the vessels, they remain with their mouths open, and do not close. If the flow of blood be very great, you can cover all with charpie and rest awhile. Here the sequestrum is about two centimetres deep. If it be possible to pull the sequestrum in the axis of the bone, we will pull in that direction of course.

In the operation, he was forced to make a notch in order to extract the necrosed bone. The operation was very long and tedious. Some of the difficulties he had foreseen; others he had not. There was a notable narrowing of the interosseous space, the radius being deformed, and leaving a very small space between it and the cubitus. With Liston's forceps he cut the sequestrum in two parts in the notch. There is a great deal of force and violence exerted in these operations, and one would suppose serious results would follow; but it must be remembered that they are exerted upon a dead bone, which afterwards is removed. The wound was left exposed for several days, with a constant stream of water running over it, as long as there was any reason to fear inflammation of the cellular tissue of the forearm. Afterwards the irrigation was stopped, and it was allowed to suppurate. There was no pain, no swelling, no redness after the operation, or any muscular hernia, which you know occurs quite often after an incision into the aponeurosis of the forearm.

Case II. *Ranula.*—I am going to operate before you upon a patient who has ranula. I will give you the history of his treatment, to let you see the difficulty sometimes of curing these cases. In 1849, the patient went to M. Jobert, with a tumour beneath the tongue. He was about to be operated upon, when the tumour opened of itself. In October, the tumour had returned; M. Boyer, at Hotel Dieu, had cut it out. In 1850, the tumour had returned, and he again presented himself to M. Boyer. This time the tumour was upon the left side; before, it was upon the right. M. Boyer excised it again. In October of 1850, it had again returned. M. Boyer made two punctures; one under the tongue, the other externally, for the tumour began to show itself under the jaw. In 1851, he went to M. Thierry. He passed a leaden thread externally, and left it in place for eight days. It produced nothing satisfactory. M. Thierry placed in the interior of the mouth, in November, a seton. Afterwards he performed a third operation, passing a seton by the mouth to come out externally. Very great inflammation followed. M. Thierry being, for some reason or other, prevented from attending to him, M Velpeau took care of him. He made an incision of two inches into the huge swelling; and, in the course of time, the inflammatory symptoms passed away. Afterwards, M. Thierry applied the instrument of M. Dupuytren. It resembles a shirt button, with a canal in the centre. You see thus how much has been done to cure this tumour, and it remains as it was in spite of all. In regard to the nature of the affection, an Irish surgeon, long ago, emitted the opinion that it was owing to a dilatation of the duct of Wharton; the orifice being obstructed. This opinion was believed true, until some researches which were made about two years ago, and which have proved it false. In the greater number of cases the duct is not obstructed; in the case before you it is not. If you expose the patient to a strong light, look at the duct where it opens into the mouth, and apply a little salt upon the tongue; when the salt melts, and there is a sensation of taste, a liquid spouts out from the opening; and again, this liquid is not the same with that found in the tumour, which is very viscous, more so than the white of an egg. The tumour extends behind, a fact very easy to explain, when you reflect upon the anatomy of the region. There is an interval between the two muscles, hyoglossus and the mylo-hyoideus, where the extension can take place. I consider these tumours as mucous cysts. What must be done? You must obliterate the sac in the whole of its extent. I am going to inject into it a solution of iodine, but the membrane is lined by a thick viscous liquid, which must be carefully washed away or the injection cannot come into contact with the walls. I am going to make a puncture with a bistoury in the mouth, another externally; after that clean well the cyst, and after that precaution inject iodine. This operation succeeds. He did this. At the end of twenty-four hours the tumour was reproduced, it had the same volume, was a little more hard and painful to the touch. The things were allowed to have their march, and now the effusion following such injections is being absorbed. I saw a case of the sort last year which was cured.

Peculiar Symptoms produced by Iodide of Potassium.—The case I am to relate now is a curious one, but interesting, as showing the action of a medicament now very much employed. In the women's ward is a patient who presents an unusual accident. I will speak of it to-day, for perhaps it will be over to-morrow. She had a disease of the breast, and I was in doubt as to its nature for some time. Yesterday, I gave her one gramme of the iodide of potassium. In the course of the day she was taken with the symptoms of œdema of the glottis, namely, great dyspnœa with its peculiar character; the inspiration taking place with much difficulty, the expiration easily. You know that the affection is not one of the glottis, properly speaking, but of the ligaments. You can thus give the reason for the peculiarity of the respiration. She had pain in the head, and pain towards the bottom of the throat. To-day she appears very suffering; there is œdema of the eyelids, &c. &c. Would she have been taken with these symptoms without having taken the iodide of potassium? I do not hesitate to say that the iodide of potassium is the cause of all. In my private practice, I have seen some cases in which some things very unwonted occurred. You have all seen cases in which coughs, sore-throats, &c., have followed its administration. These phenomena are very common; in eight cases out of ten, you see them the first time a patient takes the iodide of potash. In some cases that have occurred to me, the pain was above all in the frontal sinus or about that region; in others, there was sore-throat and salivation. From these cases there is only one step to take to come to this. From the œdema of the palate (*le voile du palais*) to the œdema of the upper part of the larynx is what you see in this case. If she be taken with a paroxysm of suffocation, the ligaments must be scarified, which can easily be done, or the operation of tracheotomy performed. I gave to-day some tartar emetic with ipecacuanha.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Intussusception of the Bowels.—Dr. Daniel Barber, of New Richmond, Ohio, relates (*Western Lancet*) a case of intussusception successfully treated by a method which differs, in some respects, from that ordinarily pursued.

The subject was a young man aged twenty years. He had two attacks of colic within ten days. Constipation followed immediately upon the last. He was treated for four days with purgatives, warm water injections, bleeding, &c., without any effect. At the end of this time (Nov. 13) Dr. B. was called in consultation with Dr. Bennett, of Withamsville, the attending physician. The patient at this time was in the following condition: Pulse 120; abdomen tympanitic, and tender to the touch; extremely severe paroxysmal pain of the bowels, frequent vomiting of highly offensive matter, obstinate constipation.

To subdue the tendency to peritoneal inflammation, the bleeding was repeated and the sulphate of morphia administered in half-grain doses every two hours until he was brought fully under its influence. On the evening of the 14th, the pulse had fallen to 96; the tenderness and pain of the bowels were materially diminished; the vomiting less frequent and distressing; constipation continued. Frequent and large quantities of warm water had been continued to be injected. At Dr. Barber's suggestion, the following plan of treatment was now adopted:—

A small quantity of brewers' yeast was procured, from which was prepared in the usual way a quantity sufficient for the purpose. At about midnight, a tumbler half full was given, and the same quantity ordered to be repeated once or twice every hour.

On the afternoon of the 15th, when it was obvious from the quantity taken and retained, that the intestines above the obstruction were distended with carbonic acid gas, the colon was likewise inflated with atmosphere by means of a pair of fire bellows.

By these means combined, the intestinal canal throughout its whole course was inflated, and the obstruction reduced.

At nine o'clock in the evening, a copious evacuation of the bowels ensued, followed by several others during the night. At the same time the explosions of gas were so violent as to be heard at some distance from the house; it was literally keeping up a regular fire. The patient was at once relieved, and speedily recovered his former health. Besides the distending force of the gas, it is very probable that it exercises a beneficial

influence by its sedative and antiseptic properties.

Drs. Johnston and Rogers, of New Richmond, have given yeast in two or three cases of this disease, during the course of their practice, with success. In one case relief was afforded on the fourteenth day of the attack, after every other means had been tried and failed.

From the above facts, Dr. B. says he should feel disposed to give this plan a trial in every case, where the ordinary means fail. Should relief not be obtained in a reasonable length of time, and the case be protracted, and as it were hopeless, a moderate exhibition of the yeast, by its antiseptic properties and by gently exciting the peristaltic action, would afford perhaps the best prospects of success.

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Bite of a Copperhead Snake (Trigonocephalus Contortix) successfully treated with Whiskey.—Dr. N. H. Moragne, of Abbeville, South Carolina, relates (*Southern Med. and Surg. Journal*, Feb. 1853) the following case :—

"On the 21st of June last, I was called to see a negro man belonging to Capt. P——, of Abbeville district. Found him partially delirious; skin hot and dry; pulse very much excited, ranging from 100 to 120; left leg and ankle swollen to a great degree. Upon making inquiry into the history of this case, I learned that the patient had been bitten about twelve hours previously by a "trigonocephalus," or, as it is frequently styled in this part of the country, copperhead or highland mockeson. This very poisonous reptile was concealed beneath the step of a *meat-house*, and inflicted a wound upon the inside of the foot, near the ankle-joint. I immediately applied a ligature above the seat of affection; prescribed poultices over the wound; and olive oil, ammonia, &c., internally.

"22*d*. The patient is *in statu quo;* no abatement of the swelling, delirious; ordered whiskey, *ad libitum*.

"23*d*. No decided improvement; still anxious, restless, and uneasy; skin hot and dry. Continued the whiskey, combined with capsicum; it was administered until the patient was fully under its influence, without regard to quantity. Left opium to be given if necessary.

"24*th*. Had passed the "crisis." A profuse perspiration was out over his entire system; the tumefaction was subsiding; the delirium had ceased; he spoke rationally, and speedily convalesced."

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Review of the Weather in Philadelphia during the month of January, 1853.—The first half of the month was unusually mild, the mercury but once falling so low as 25 degrees. At 1 P. M. on the 8th the thermometer stood at 50° in the shade, and at the same time rose to 83° in the sun's rays. The little black-cap titmouse, *Parus atricapillus*, was seen in the grounds of Penn. Hospital, gayly flitting from tree to tree, and uttering his sharp winter note of "chicadedee;" and near him was the sap-sucker, or downy woodpecker, *picus pubescens*, actively engaged, as was his companion the titmouse, in exploring trunk and branch of the stately old trees, that environ that institution, for the insects or their grubs and eggs that lie hid in crannies of the bark, or buried beneath it. These are their favourite food, and untold and ill requited are the services they thus render in seeking out and destroying swarms of insect depredators upon our orchards and gardens.

Among the many charming mornings of the month, that of the 10th was unsurpassed; the temperature was 40°, without clouds and without wind, and as soon as the rising sun peered through the city mist that always envelops us, when the wind is still, a spring-like glow seemed to animate all nature. It was on this lovely morning that the passer-by of Franklin Square, at its S. W. corner, might have heard the sparrow, *fringilla melodia*, who by the mildness of the season had been induced to retrace his steps, and in mid-winter as it was, to cheer us with a melody equalled in sweetness and gushing pathos by few even of his own congeners.

Besides swelling the buds of the linden, the maple, and several other hardy and deciduous trees, the mild weather had enabled rose-bushes favorably situated to retain their foliage, and, up to the evening of the 16th, several of these were seen still adorned with fresh buds and blossoms. The crocus and the hyacinth, too, as if tired of their long sleep, had burst their tunics, and pushed their green spathes fairly above the earth.

The 15th was cloudy, with a light wind from the N. W., which increased during the evening to a fresh breeze, and the mercury fell during the ensuing night to 22 degrees, and by 2 o'clock of the 16th to 18 degrees, making a fall of 22 degrees in

less than twenty-four hours. On the following morning, the 17th, at sunrise, the mercury had reached its lowest point, 14 degrees; from which time the weather was moderate till the 26th, which was a cold day; and on the following morning, the 27th, the thermometer indicated twelve degrees only above zero; a degree of cold unequalled during the month. The 28th was cold, when the month closed with three spring-like days.

More or less snow or rain fell on eight days, and the whole fall of both, reduced to water, as measured at the Pennsylvania Hospital, was 1.84 inches.

In the immediate neighbourhood of the city, not more than 2 or 3 inches of snow has at one time covered the earth; and the Delaware has been open to navigation from the city to its mouth, though cumbered with considerable floating ice for a few days. The Schuylkill was closed above the dam at Fairmount, the latter part of the month, and has furnished ice 5 or 6 inches in thickness.

The mean temperature of the past month was 34°.12 degrees, which is about 6 degrees above the mean of the same month last year, and 3 degrees above the mean of the last sixty years. No month in the calendar has exhibited so great a thermometrical range as this; the mean having several times risen to 38 degrees; once, viz., in 1793 to 40 degrees; and it is recorded by Pierce at 44 degrees in 1790. So, by the same authority, the mean of the first month has fallen several times to 26 degrees; twice, viz., in 1821 and 1832, it is put down at 25 degrees; and in 1840, the mean fell to 24 degrees, giving an extreme range of 20 degrees, the last sixty years in the mean temperature of this month.

Throughout the Northern and Middle States the early part of the month was very mild. The harbours were open on Lake Erie; the Hudson River was navigable to Albany on the 11th; and the Connecticut River did not close till the 16th, a period later by three weeks, it is said, than for any year in the last twenty. At Wheeling, the Ohio remained open to navigation till the 26th.

A snow-storm prevailed extensively from the 12th to the 14th, East and West, from the sea-board to Pittsburg. At Boston the fall was 12 inches, and at New Haven about 18 inches. This was followed by a temperature of 7 degrees at Baltimore on the 26th, and 8 degrees at New York city on the 27th. At Ogdensburg, N. Y., the mercury is said to have fallen on the 27th to 9 degrees below zero; and, at the same time, the ice at Albany was strong enough for loaded teams to cross the Hudson.

Northerly winds have prevailed on the Atlantic, and especially along our own coast, in more than the usual degree, veering from N. W. to N. E., and often amounting to a gale. These have caused many tedious voyages from Europe to this country; and several vessels have recently arrived from the South at our Northern ports, which have been from eighteen to twenty-eight days north of the latitude of Cape Hatteras; that is, being within a day's sail, with a fair wind, it has required three or four weeks to make the desired haven. Shipwrecks upon our coast have been perhaps less disastrous, but about as numerous as in former winters.

The number of deaths from all causes for the five weeks embraced within the month, as reported weekly from the Health-Office, was 928, which is 113 less than for the corresponding five weeks of last year. The number of deaths from diseases of the organs of respiration was 266, which is 32 *less* than for the same month last year.

A few words of "Indian Summer," in answer to J. M. E.'s inquiry some weeks ago, will suffice to tell all we *know* about it. Pierce, in his published record, alludes to it but a few times, and in this wise, viz.: "Nov. 1831. It (the month) commenced mild and pleasant, (Indian summer-like) until the 11th." In 1840, same month, he says, "It commenced with what is generally called *Indian Summer*, and so continued until the 8th." And again in 1844, Nov., he says, "A great part of the month was like Indian summer in this vicinity."

In our own record we find this season alluded to only in the following years and months: viz., in 1849, the seven days, from 10th month, 23d to 29th, are put down as Indian summer days. In 1850, nine days are recorded as Indian summer, viz., 10th month, 9th, and 11th month, 2d, 5th, 6th, 13th, 14th, 15th, 22d, and 27th. In 1851, we have two days only credited to Indian summer, viz., the 8th and 9th of the 10th month. Our record for 1852 is in Washington, and we have retained no copy.

In this country and in Europe, there

usually occurs in the latter part of autumn a series of mild, calm, fair days, which are peculiarly bland and agreeable. This period is, in England, called "Michaelmas summer." With us it has obtained the name of Indian summer, and has the additional feature of *haziness*, the morning and evening sun appearing red, as if shrouded in smoke. This occurs at a time when the air, and the earth, and ocean, near their surface, are about of equal temperature, and as difference of temperature between land and sea is, in maritime countries, a chief cause of winds, this thermal equilibrium would seem to account for the calm that characterizes the season.

Of the other characteristic of Indian summer, the smoke or haze, for without this there can be no *Indian* summer, many years of observation have convinced us that it is wholly due to a stratum of smoke upon the earth's surface, derived mainly from the practice of burning at this season of the year heaps of rubbish by our farmers in their fields. True, a brisk fire of light brush would produce little smoke, but a dozen or more of smouldering heaps in a single field, as we have often seen, and these smoking fields scattered over extended districts, seem quite equivalent to the production of the effect we suggest; especially does this seem probable, when we consider that, on these hazy autumnal days, there is little or no wind to mingle the smoke with the upper strata of air, or to bear it away to other regions.

This hypothesis is strengthened also by the well-known fact, that in the older and more densely populated States, as Massachusetts, where field burning is now little practised, the Indian summer is rarely witnessed, and that for a day or two only; whereas the time is quite within the memory of many, when this delightful season was quite familiar to the easternmost denizens of that notable old commonwealth.

P. S.

Days of month.	THERMOMETER.			WIND—COURSE AND FORCE.		REMARKS.
	Sunrise.	2 P.M.	Mean.	Sunrise.	2 P.M.	
1	50	52	51	Calm.	N. N. W. 3	Rain from 5½ to 11¼ A. M., fair.
2	31	38	34½	N½	E. by S. 3	Clear, overcast.
3	37	43	40	N. E. 2½	N. by E. 2	Overcast, fair.
4	38	36	37	N. by E. 5	N. by E. 4	Cloudy, fair, clear.
5	25	36	30½	N. W. 2	N. W. 3	Clear, fair.
6	27	41	34	S. W. 2	S. W. 1½	Fair, clear.
7	32	52	42	S. W. 1	W. by S. 1	Clear.
8	37	52	44½	Calm.	S. W. 1	City mist, clear.
9	40	52	46	Do.	S. S. W. ½	Fog, fair, clear.
10	40	50	45	Do.	N. N. W. 1	City mist, *Indian Summer day.*
11	38	48	43	Do.	S. S. W. ½	Dry fog, fair.
12	38	34	36	N. N. E. 4	N. E. 4	Overcast, sleet and snow.
13	28	32	30	N. 3	N. N. E. 3	Overcast, light snow.
14	33	34	33½	N. 1	N. N. W. 2	Cloudy, fair.
15	34	40	37	N. W. 1	W. by N. 2	Do. fair, cloudy.
16	22	18	20	W. N. W. 3	N. W. 3	Fair, Therm. 14 degrees at 10 P. M.
17	14	25	19½	N. W. 3	W. by N. 2	Cloudless, clear.
18	21	27	24	N. N. W. 1	N. W. 2	Fair, clear.
19	24	29	26½	N. by W. 3	W. N. W. 3	Overcast, clear.
20	26	34	30	W. N. W. 1	W. N. W. 3	Clear, cloudy.
21	33	42	37½	N. W. 1	N. W. 2	Fair, cloudless.
22	31	42	36½	S. W. 1	S. W. 1	Fair, overcast.
23	38	40	39	N. by E. 3	N. 2.	Rain most of the day.
24	37	40	38½	S. W. 3	S. W. 3.	Cloudy, snow and rain, cloudy P. M.
25	31	35	33	N. W. 2	S. S. W. 2	Clear, overcast, snow-squalls.
26	23	21	22	N. W. 2	W. N. W. 4	Clear, snow-squalls.
27	12	23	17½	W. S. W. 2	N. W. 3	Cloudless, clear.
28	17	28	22½	N. W. ½	N. W. 1	Do.
29	23	38	30½	S. W. ½	S. W. 2	Do.
30	32	44	38	Calm.	W. by N. 2	Cloudless, cloudy.
31	32	46	39	Do.	S. W. 2.	Cloudless, clear.
	30.45	37.80	34.12	1.5	2.1	Monthly mean.

PHILADELPHIA, 2*d Month*, 2, 1853.

American Medical Association. — The sixth annual meeting of this Association will be held at the City of New York, on Tuesday, May 3, 1853.

The Secretaries of all Societies, and other bodies entitled to representation in this Association, are requested to forward to the undersigned correct lists of their respective delegations as soon as they may be appointed; and it is desired by the Committee of Arrangements that these appointments be made at as early a period as possible.

The following is an extract from Article II. of the Constitution:—

"Each local Society shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for each additional fraction of more than half this number. The faculty of every regularly constituted medical college, or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital, containing a hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate."

EDWARD L. BEADLE,
One of the Secretaries of the Am. Med. Asso., 42 Bleecker Street, N. Y.

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Philadelphia College of Physicians.—At a meeting of the College of Physicians of Philadelphia, held Feb. 2, 1853, the following gentlemen were elected Delegates to the American Medical Association:—

Drs. Isaac Hays, Geo. Fox, Henry Bond, W. S. W. Ruschenberger, G. Emerson, J. Rodman Paul, Charles Evans, Wm. Ashmead, John Bell, Ed. Hallowell, Alfred Stille, Jos. Carson, R. La Roche, Ed. Hartshorne, Robert Bridges.

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Medical Department, U. S. Navy.—The Naval Medical Board of Examination, which was convened at Philadelphia on the 15th of December last, has reported the following Assistant Surgeons as qualified for promotion, to wit:—

No. 1. William Lowber.
No. 2. P. J. Horwitz.
No. 3. B. Rush Mitchell.
No. 4. D. B. Phillips.
No. 5. James Hamilton.
No. 6. J. L. Burtt.

The Board, having carefully examined thirty-four of the candidates for admission into the Navy as Assistant Surgeons who appeared before it, have selected nine of the best qualified. They are as follows:—

No. 1. James H. Stuart, of Pennsylvania.
No. 2. J. Pembroke Thom, of Virginia.
No. 3. John M. Browne, of New Hampshire.
No. 4. John Y. Taylor, of Delaware.
No. 5. Henry Clay Caldwell, of Virginia.
No. 6. Thomas J. Turner, of Pennsylvania.
No. 7. Wm. T. Hord, of Kentucky.
No. 8. Wentworth R. Richardson, of Massachusetts.
No. 9. A. Clarkson Smith, of Pennsylvania.

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The Schuylkill County Medical Society.—At the annual meeting of the Schuylkill County Medical Society, the following gentlemen were elected officers for the ensuing year:—

President.—W. Housel.
Vice-President.—G. W. Brown.
Recording Secretary.—D. J. McKibbin.
Corresponding Secretary.—G. Halberstadt.
Treasurer.—J. S. Carpenter.
Members.—John G. Koehler, Samuel K. Shannon, Robert Phillips, Enos Chichester, Lewis Royer, A. Heger, T. R. L. Ebur, J. C. McWilliams, B. F. Shannon, R. H. Coryell, John T. Nicholas, Samuel Berluchy, R. Leonard, J. W. Gibbs, Samuel R. Medlar, Daniel A. Ulrich, Jacob F. Treichler, T. B. Hale, Andrew Foster, William Appley, Charles M. Steinberger, O. M. Robins, and E. Hance.

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Philadelphia College of Dental Surgery.—We are happy to learn that the success of this school has been highly encouraging, and that the number of students during the past (its first) session was quite large.

At the first annual commencement held this day (Feb. 28th), the Degree of Doctor of Dental Surgery was conferred by Dr. Elisha Townsend, upon S. Townsend Brown, Phœnixville; George W. Emerson, Washington; James S. Williams, Philadelphia; Henry Garret, Wilmington; R. Alison Miller, New Haven; and Arthur B. Williams, Washington.

The Honorary Degrees were conferred upon Dr. Wm. Bradley, Stephen T. Beale,

and S. Dillingham, of Philadelphia; Thos. W. Evans, Paris, France; J. T. Flagg, Boston, Mass.; F. B. Flagg, Wm. W. Fouche, Philadelphia; James Fleming, Harrisburg; Jacob Gilliams, James M. Harris, John H. McQuillen, S. L. Mintzer, and Daniel Neall, of Philadelphia; Oramel Rollo Post, Brattleborough; Frederick Reinstein, Edward Townsend, Charles Townsend, Jr., D. B. Whipple, C. C. Williams, and Samuel Stockton White, of Philadelphia; William P. Webster, Ohio.

A valedictory address was delivered by Professor J. D. White.

The following gentlemen compose the Faculty of the new College: J. D. White, Professor of Anatomy and Physiology; Robert Arthur, Professor of the Principles of Dental Surgery; Ely Parry, Professor of Chemistry and Materia Medica; Elisha Townsend, Professor of Operative Dentistry; T. L. Buckingham, Professor of Mechanical Dentistry; and D. B. Whipple, Demonstrator. Eli K. Price, Esq., is the President of the College.

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Dr. C. T. Jackson's Anticipated Discovery.—In our number for November last, p. 139, we mentioned that Dr. Jackson, in order to avoid the repetition of the accusation of dilatoriness in announcing his discoveries, and wishing to please everybody, had hastened to proclaim an *anticipated* discovery that the poisonous effects of chloroform were owing to the presence of some poisonous compound of amyle. We are sorry to learn that if he was tardy before, he has been overhasty this time. It is stated (*New York Medical Times*, Dec. 1852), that "at the monthly meeting of the American Academy of Arts and Sciences, held at Boston, September 14, experiments with Dr. Jackson's Fusel Oil Compound on animals were reported, the conclusions from which are: 1. That the vapour of the Fusel Oil Compound alone is not poisonous; 2. That the view that this compound is the cause of the occasional fatal effects of chloroform is not sustained."

FOREIGN INTELLIGENCE.

The Furunculoid Epidemic.—Mr. Dendy made some observations, at a recent meeting of the Medical Society of London (Jan. 29, 1853), on the present asthenic character of disease, more especially, however, with reference to a carbuncular epidemic at present prevailing. These cases, scarcely to be classed under the head of carbuncle, commenced sometimes as a pemphigus bulla, and were very troublesome; they bore more resemblance to what was known as the "Persian Fire." He had found in these cases that the use of the knife was not advisable, but he had employed the argentum nitratis with very excellent effects. He used the caustic in the early stage, and by causing a slough, quickly arrested the spread of the disease. In all these cases, the blood was in a depraved condition, and tonics and support indicated. In some cases, the tenderness of the skin was so great, that pressure of the slightest kind in the neighbourhood of the sore could not be borne.

Mr. B. W. Richardson had found in these cases that the best and most effective treatment consisted of tonics, support, and, above all, change of air. He had used the knife sometimes freely, but little matter escaped. He had noticed the irritation of the skin referred to by Mr. Dendy.

Mr. Hancock had seen many cases similar to those mentioned by Mr. Dendy. He regarded them more in the light of furuncu loid tumour than of anthrax, as several occasionally occurred in one limb. The cases were usually accompanied with disorder of the digestive organs and want of power. He had found the best plan of treatment was to leave the tumour quite alone, and allow it to suppurate. When interfered with, either by the knife or the nitrate of silver, others were apt to form, which was not the case when the first tumour was allowed to take its course. Alterative doses of mercury, followed by the nitro-muriatic acid, he had found the best internal medicines.

Mr. Childs remarked that the cases under discussion had been very prevalent, particularly amongst the police force, during the last two or three months. He agreed with Mr. Hancock on the impropriety of early interference with these tumours. Tonic treatment was early required.

Mr. Dendy observed that the nitrate of silver acted on the absorbents around the tumour, and, by stimulating them, cut short the progress of the disease, in the same manner that erysipelas was arrested. He had seen only good effects follow the nitrate of silver; it was in his hands preferable either to the use of the knife or to doing nothing.

Mr. Canton said that chlorate of potash in these cases was more likely to do good than any other internal medicine. Wine and good diet were early required. The blood disease might, he thought, be in a great measure attributed to the state of the weather. He did not agree with Mr. Dendy respecting the application of caustic; his own (Mr. Canton's) experience was in favour of a free opening at the proper time, extending to the healthy textures underneath and around, so that the disease might fairly be eliminated from the system. He had noticed, in families who had been subject to the furunculoid affection, that those members of it who escaped became the subjects of diarrhœa.

Dr. Hawksley had found large quantities of the oxalate of lime in the urine of patients affected with the furunculoid disease. In very obstinate cases, he had found the use of quinia and iron, and the local application of the resinous ointment, the best means of treatment.—*Lancet*, Feb. 5, 1853.

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Chloroform in Phagedenic Ulcers.—Mr. Hancock has employed pure chloroform as an application to phagedenic ulcers, and it is said that a few applications have been sufficient to stay the phagedenic tendency of the ulcer.

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Hereditary Peculiarities of form of Body.—Dr. Hare made some remarks, at a recent meeting of the Medical Society of London, relative to the tendency which certain peculiarities of constitution and form of body have to become hereditary. He detailed an instance of a family in which the hemorrhagic diathesis was distinctly manifested in three brothers, an uncle, and some other male members of the family, but amongst none of the females; and alluded to two other families similarly affected on the male side. He also narrated a remarkable case which had recently fallen under the observation of his friend, Dr. Heaton, of Leeds—that of a female who had no development of hair on any part of her body, nor any nails on her fingers or toes. Her mother and grandfather had exactly the same peculiarity. She had no children, but a sister of hers, who resembles herself in this peculiarity, has children, who have likewise the same defect; there being thus four generations consecutively, all presenting the same remarkable abnormal condition; and Dr. Hare suggested that, if it were desirable, and the same kind of care taken which is bestowed in propagating certain breeds of animals, a hairless and nailless variety of the human species might probably be reared.—*Lancet*, Jan. 22, 1853.

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Method of preparing Gelatine.—Gelatine is very generally used instead of calves' feet for making jelly. Jelly made from the former is firmer, less quickly dissolves, and is, we believe, more difficult of digestion than that made from the latter.

The following account of the mode of preparing the gelatine, given in a recent number of the *Lancet* (January 22), is the only one we have seen, and we publish it for the information of such of our readers as indulge in eating ordinary jelly:—

Ordinary gelatines are made from those pieces of skins which are cut off by the tanner as unfit for making leather, in consequence of thickness. The best description is prepared from the skins of calves' heads; these are separated from the whole skins after they have passed through the process of liming, to remove the hair from them.

The skins are next well washed, to get rid of the lime, and all the pieces of flesh and fat are carefully cut out; some manufacturers soak them for a short time in a dilute solution of muriatic acid, to remove any remaining portion of lime; but this practice is both injurious and unprofitable. The acid forms with the lime chloride of calcium, which, if it is not carefully removed by washing, is boiled up with the skins, and, being soluble, remains in the gelatine; a portion of the skins is also dissolved by the acid, and is thrown away in the water employed in washing them, which thus occasions a loss in weight.

In some cases the skins are boiled whole, in others they are cut into small pieces, or even reduced to a pulp by a machine especially constructed for the purpose.

If the skins are cut into fine pieces, instead of being put into the boiler whole, the gelatine will be better; that is, it will be of a lighter colour; and the process is more economical, as one-half the time will be saved in the boiling, and much less heat and fuel required. As the gelatine is darkened and carbonized by prolonged boiling, the reduction of the skins to a pulp is a point of very great importance in the manufacture of gelatine, so much so that Mr.

Swinbourne has obtained a patent for this method of preparation.

The skins are boiled with water, in the proportion of about one gallon of water to seven pounds of skin; a small quantity of common salt is added to preserve the gelatine. After it has boiled for about twelve hours, it is strained and clarified with white of eggs, and then run upon glass plates; as soon as it is solid, it is cut into slices and laid upon nets to dry, in a room heated to a temperature of about 80°. If the room is not heated, the surface of the gelatine becomes covered with small air-bubbles; when the gelatine is dry, it is cut by a machine in the same manner as isinglass.

The size of the glass plates varies according to the fancy of the manufacturer. The ordinary size is from fifteen by eighteen inches; but in some cases they are three feet square; the plates or slices of gelatine are generally about fifteen inches long by three wide.

Though the skin of the head of the calf only is used for making gelatine, the whole of the skin both of the calf and ox is perfectly adapted for the purpose, but is not used, as it is much more valuable for conversion into leather.

In some cases, especially in warm weather, the skins used are somewhat decomposed, but this is not general. This condition, although removed to some extent by repeated washings, cannot be entirely remedied; hence gelatine made from such damaged skins will always retain a smell and taste more or less disagreeable.

The French gelatine is usually much whiter than the English; this is owing principally to the calves being killed in France much younger than in this country.

—

Scammony and its Adulterations.—The number of the *Lancet* for 12th of February, 1853, contains an account of the chemical and microscopical examination of thirty samples of scammony as imported into England, and as procured from various chemists and druggists resident in London.

The following are the conclusions deduced from these examinations:—

1st. That out of the *thirteen* samples of scammony as imported, submitted to examination, *one* only was *genuine;* it yielding 79.60 per cent. of resin, the active principle.

2d. That *eleven* of the samples were more or less *adulterated;* the amount of adulteration varying between 8 and 75 per cent., and the proportion of resin between 46.20 and 72.00; *one* sample having only 13.20 per cent.

3d. That *one* sample was entirely *factitious*, being composed of the resins of *guaiacum* and *jalap*, with much *woody fibre, cellular tissue*, and other *insoluble matter.*

4th. That the adulterating ingredients detected, consisted, for the most part, of impure *carbonate of lime* or *chalk*, and *wheat flour*, with sometimes *sand*, or other *earthy substance*, *gum*, and considerable quantities of *woody fibre* and *cellulor tissue.*

5th. That of the *seventeen* samples of powdered scammony, purchased of various chemists and druggists, analyzed, *one* only was *genuine*, it affording 76.40 per cent. of resin.

6th. That the *whole* of the remaining samples were *adulterated*, frequently to an enormous extent. The adulterating ingredients constituting from 18 to about 65 per cent. of the entire article, and the resin varying from 27.20 to 65.60 per cent., that is to say, some of the samples contained little more than one-fourth the proper quantity of scammony, and of course were deficient to that extent of the active properties which they should possess.

7th. That the adulterating ingredients in these samples consisted principally of enormous quantities of *wheat flour*, with frequently some *chalk*, and occasionally *sand* or other *earthy substance.*

We have now to ascertain who are the parties that practise these adulterations.

From the fact that the majority of the samples of gum-resin of scammony, as imported, contain chalk, and sometimes wheat flour, &c., it is evident that these adulterations are practised, to some extent, before the article is brought into the English market.

It is equally evident, from the analysis given, that scammony undergoes further adulteration after its arrival in this country; this consisting principally in the addition to it of large quantities of wheat-flour.

We may here observe that in some cases it is quite possible to determine whether the addition of the flour has been made subsequent to its importation or not by the condition of the starch-granules. When starch is added to scammony abroad, it is mixed with it while the resin is soft; the granules thus become embedded in and coated with

the resin in a manner from which no subsequent powdering can entirely free them.

On the other hand, when the starch has been added after the resin has been reduced to powder, the granules and masses of granules retain their usual appearance and characters.

The facts brought out in this article are calculated to give rise to some serious reflections; for if adulterations exist in other important articles of the Materia Medica to anything like the same extent, then there is introduced into the treatment of disease endless uncertainties and differences through the varying action and strength of remedies.

The proper doses of remedies are usually determined by the results of repeated and carefully conducted experiments with drugs and chemicals of ascertained purity. These results are recognized and acted upon by the profession at large; but what, in the face of such facts as are referred to in the above report, is the practical value of such results? For we see that the strength of the same remedy, from adulteration only, sometimes varies as one to four; that is, that forty grains in some cases will not be stronger than ten of the genuine drug. No wonder, then, that the physician is so often disappointed in the effects of his prescription, and that the patient even should sometimes look with distrust on his medical adviser, whose statements and expectations, with respect to the action of his remedies, so frequently fail to be realized.

Here, too, we meet with an explanation of the extraordinary doses in which certain remedies are reported to be used by different practitioners; some telling us that they prescribe enormous doses of calomel, elaterium, opium, scammony, &c., and find only the ordinary effects; hence such physicians are led to conclude that the remedy is not so active as described, overlooking in general the existence of adulteration, and are even induced to entertain serious doubts with respect to the general efficacy of medicine. Under such circumstances, it is useless for the physician to consider carefully the age, strength, and condition of his patient for the purpose of apportioning correctly the doses of the remedies contained in his prescription; too often the adulterator steps in and renders all attempt at calculation futile.

Neither with safety can the prescriber venture to act on the presumption that certain medicines, being ordinarily adulterated, may be administered in more than the recognised doses, for as it is just possible that he may secure a genuine article, as great an error would be committed, perhaps, by such a proceeding, as by an adherence to the usual practice.

The gum-resin and powder of scammony being so extensively adulterated, it of course follows that all the other articles of the Materia Medica, into the composition of which scammony enters, as confection of scammony, scammony with calomel, and compound scammony powder, are similarly adulterated, their properties and strength being thus rendered very uncertain.

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The Medical Profession of Paris.—The Medical Directory of Paris, published by *L'Union Médicale*, gives the following numbers as to our Parisian brethren. Doctors of medicine and of surgery, 1337; officers de santé (an inferior grade), 179; pharmaciens, 423; midwives, 277. From the 1st of January, 1851, to 31st of December, 1852, there died in Paris, 39 doctors of medicine; in the two previous years 64 had died. In the year just elapsed, 88 new practitioners set up in the capital. This year's list contains 15 medical men less than the last. The Directory also gives the numbers in the districts surrounding Paris, and from these statements it would appear that there is a great disproportion between doctors and patients. There are, in fact, less than 500 inhabitants for one medical man; and when it is considered how many of these apply to public institutions, very little is left for individual practitioners. *L'Union Médicale* warns young men from settling in Paris, as the exuberance of professional men is enormous.—*Lancet*, January 29, 1853.

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Physicians to the Household of the Emperor of France.—Napoleon III. has organized the medical staff of his household. By an Imperial Decree of the 31st Dec. last, the following appointments are made:—

Dr. Conneau, First Physician to his Majesty, and Chief Physician to the Household.

MM. Andral and Rayer, Physicians, with a salary of 8,000 francs.

M. de Pietra-Santa, Assistant Physician, and Secretary to the Medical Staff, salary 6,000 francs.

MM. Jobert (de Lamballe) A H. Larrey, Surgeons, with a salary of 8,000 francs.

MM. Begin, Berard, Bouillaud, J. Cloquet, Gaultier de Claubry, Michel Levy, Louis, and Velpeau, Consulting Physicians and Surgeons.

MM. Arnal, Bonlu, L. Corvisart, Delaroque, Fleury, Longet, Tenain, and Vernois, Physicians and Surgeons, to serve quarterly, salary 6,000 francs.—*Gazette Médicale de Paris*, 15th Jan. 1853.

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Dr. Trousseau.—By a late Imperial Decree, Dr. Trousseau has been transferred from the chair of Therapeutics and Materia Medica, in the Faculty of Medicine of Paris, to that of Clinical Medicine.—*Gaz. Méd. de Paris.*

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M. Malgaigne.—By a decision of the Correctional Tribunal of Paris, M. Malgaigne has been condemned for a libel on M. Jules Guerin, to a fine of 2,000 francs, and the expense of publishing this decision in two medical journals.—*Gaz. Méd. de Paris*, Jan. 1, 1853.

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Medical Students in Paris.—The number of medical students in Paris, which for the ten years previous to 1850 had decreased, has been increasing considerably during the past three years. This is shown by the following table, given in the *Journal des Connaissances* (Dec. 15, 1852), of the number of inscriptions taken, in each of the last 13 years, at the Faculty of Medicine:—

Years.	Inscriptions.
In 1840	879
1841	749
1842	791
1843	746
1844	800
1845	851
1846	903
1847	859
1848	786
1849	880
1850	1222
1851	1300
1852	1437

—

Obituary Record.—Died, of disease of the heart, on the 20th of January last, at his residence in Finsbury-square, London, Jonathan Pereira, M. D., F.R.S., in the 49th year of his age. This distinguished physician, some weeks before his death, when on a visit to the Hunterian Museum, fell down and ruptured the tendon of the rectus femoris of the right side, from the consequences of which injury he was gradually recovering up to the time of his decease, which occurred, we are informed, as he was ascending the stairs to his bedroom; he was seen to place his hand to the chest, and had merely time to express his conviction that the hand of death was upon him, and to request the attendance of a medical friend in the neighbourhood; before, however, that gentleman arrived, the Doctor had ceased to exist. The deceased deservedly occupied a high position in the profession, to the advancement of which he had contributed several valuable works, particularly his "*Elements of Materia Medica and Therapeutics*," a work enjoying an European celebrity, and a third edition of which he had nearly completed and published when he was arrested by death. Dr. Jonathan Pereira became a member of the Royal College of Surgeons on the 3d of June, 1825, an M.D. of Erlangen, 1840, L.R.C.P. in the same year, and in 1845 became a Fellow of the College. The deceased was one of the principal supporters of the Aldersgate-street School of Medicine, where he had a very large class, which after a time he resigned for a more successful field for his exertions, viz., the London Hospital; of this excellent institution he was physician at the time of his lamented decease. Dr. Pereira's death also creates a vacancy in the Examining Board of the University of London, an appointment which the Senate will experience some difficulty in filling up with a successor equal to the deceased, as an examiner in materia medica and pharmacy. The following are some of his contributions to the advancement of science: Treatise on Diet, 1843; Selecta é Præscriptis, eleventh edition 1851; Lectures on Polarized Light, 1843; A Translation of the Pharmacopœia of 1824; A Manual for the use of Students, 1826; A General Table of Atomic Numbers, with introduction to the Atomic Theory, 1827. In addition to the above, Dr. Pereira had contributed several valuable papers to the journals of the day, and was a member of several learned societies both at home and abroad.

Died, on the 25th of January last, of disease of the heart, George Gregory, M. D., for many years physician to the Smallpox Hospital, London.

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CLINICS.

Clinical Lecture on Obstructions of the Bowels, delivered at the Westminster Hospital. By B. Phillips, Esq., F. R. S.

Gentlemen: I have selected for our lecture to-day the subject of Obstruction of the Bowels, partly because you have had, during the last year, several opportunities of observing different forms of this disease, partly because it has occupied much of my attention, and because I may therefore be able to give you some suggestions on the subject, which you may find practically useful.

From time to time, during the last one hundred years, the subject has received special attention; but either from the difficulties by which it was surrounded, or the general failure of the means of treatment employed, no accurate rules were laid down for the guidance of the practitioner, and the subject again fell into oblivion.

Still, it received more than a passing notice at the hands of Hevin, Allan, Martin, Fine, and Bonnet; but it remained for Amussat, in 1839, to direct attention strongly upon the subject; and since that time the investigations have been accurately conducted, and the surgical operations for its relief have been well conceived. The recent materials now before us, extending as they do over about fifty cases, are therefore sufficient to enable us to take a more practical view of the subject than was possible a few years ago, and to lay down more exact rules than could previously have been done for the treatment of this very formidable disease.

In 1847, a paper of mine was read at the Royal Medical and Chirurgical Society, entitled "Observations on Intestinal Obstructions depending on Internal Causes, and on the means employed for their relief." That paper was published in the thirty-first volume of the Society's *Trans-*

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actions, and it concludes with the following suggestions:—

1st. That intestinal obstructions dependent upon causes acting within the abdominal cavity are by no means of rare occurrence.

2d. That they may occur at any period of life; and that although a particular variety of obstruction may be more frequently seen than another, at a particular period of life, there are still so many exceptions to the rule, that we cannot rely much upon the probability that a particular obstruction is present at a given period of life.

3d. That the diagnosis of the *existence* of *an obstruction* is usually not difficult.

4th. That the diagnosis of the *nature* and the *seat* of the obstruction is, in most cases, most uncertain and unsatisfactory.

5th. That, beyond the general history of the case, the most probable means of ascertaining the seat of the obstacle is to follow carefully the distended intestine up to the point of obstruction.

6th. That, under ordinary treatment, these cases are very commonly fatal, in the proportion of probably seven out of nine.

7th. That, although no absolute reliance can be placed on purgatives, on mercury, on opium, or on any variety of injection, and that although in many cases they may seem to aggravate the suffering, yet, as it is unquestionable that in many cases they have been administered with relief, we cannot advise that they should be discarded; but we doubt the prudence of continuing to use them beyond two or three days.

8th. That interference by surgical operation is justifiable when three or four days have passed without any relief from ordinary means (provided the constipation be complete, and there be vomiting of fecal matter), because it affords a greater chance for the preservation of life than the treatment by ordinary means.

9th. That if the indications as to the seat of the obstruction be sufficient to satisfy the surgeon, it is at or near that point the incision should be made; but if there be much doubt, it is most prudent to make the incision on the median line.

10th. That if it be found impracticable to remove the cause of the obstruction, or imprudent to make any extended search for it, relief may be obtained by forming an artificial anus as near as may be prudent to the seat of the obstruction; and that if it be, as it frequently is, near the termination of the ileum, an incision on the median line admits of its accomplishment as near as may be to the termination of the intestines.

Those conclusions appeared to me to be reasonable deductions from the facts before us at that time. Five years have since elapsed; much attention has been directed to the subject; many operations have been performed, and especially in our own country, for the relief of persons suffering from obstruction; and those conclusions now require modification.

Before I proceed, however, to indicate the modifications which have become necessary in those conclusions, I must offer some general remarks to make the whole subject intelligible to you. I do not mean by obstruction of the bowels ordinary cases of constipation, which may be relieved by one or two brisk cathartic doses; but cases in which obstinate resistance may be offered to the action of ordinary and even extraordinary remedies, and the constipation may persist many days. I cannot, however, draw a line, and say that when constipation has persisted for a certain number of days, and resisted ordinary means, it shall come under the denomination of obstruction of the bowels; nor can I say that a case which has persisted for twenty-four hours should be excluded from it; for there are some persons who do not habitually have the bowels relieved more than once a week, whilst there are others in whom constipation for a week would be fatal. I have known an obstruction terminate life in thirty hours; it may happen still more rapidly; and I have known constipation to persist for nearly six weeks, with wonderfully little disturbance to the system, and then terminate in restoration to health. I saw a case, in which as many months were, it was said, passed without relief. I attended a case lately, where, at the end of a month, even the appetite had not failed. There are cases where the patient has recovered, without operation, after sixty-four, seventy, or even more days of obstruction; but if constipation resist ordinary means for many days, the term obstruction may be fitly applied to it.

There are many means by which serious or even fatal obstruction of the bowels may be caused; thus it may be caused mechanically by foreign bodies becoming impacted in the canal; by the pressure from without of foreign bodies upon the canal; by abnormal adhesions of a part of the circumference

of the canal to other parts; by changes in the direction of the canal; by twisting; by invagination; by constriction occasioned by bands surrounding the intestine, or by the intestine having passed through a normal or an abnormal opening; by structural change in the intestine, or by vital peculiarities in the intestine itself. I have known obstruction to be caused by paralysis of a portion of the tube; by foreign substances within this canal, such as hardened feces, biliary calculus, hair-balls, chewed paper, fruit-stones of various kinds; by a polypus; by intussusception; by abnormal adhesions of a part of the circumference of the intestine to the walls of the abdomen; by deviations in its direction—for instance, the descending colon being dragged over to the right iliac fossa; by narrowing from ulceration, from chronic inflammation, from malignant disease. I have known it to happen from a twisting of the intestine upon itself; from its passing through normal or abnormal openings; from becoming involved in bands of false membrane which have been developed around it; or from passing under bands developed at other points; or from the pressure of tumours from without.

These various means of obstructing the bowels do not occur with equal frequency; but I am not able to indicate their relative proportion. Intussusception is not an uncommon cause of obstruction, though of its comparative frequency it is difficult to form an estimate. If we took as our basis the number of recorded cases in which intussusception was the cause of obstruction, it would seem to be a frequent cause; but I apprehend that it will be unsafe to do so, because I think cases of obstruction from many other causes are not so certainly recorded.

Although it is impossible to say that every part of the intestinal tube may not be the seat of obstruction—for I have known it to occur in the jejunum, the ileum, the cæcum, the colon, and the rectum—yet it is certain that the superior portion of the intestinal tube suffers less frequently than the inferior, probably in the proportion of fifteen or twenty to one; and that in the great majority of such cases the obstruction occurs beyond the cæcum. I should say the proportion must be more than five to one.

Obstructions are not usually developed without some premonition. In most instances, there have been one or more attacks of disorder of the bowels. It may have been of more or less obstinate diarrhœa; it may have been of constipation. But in some instances there has been no premonition.

The ordinary symptoms of obstruction of the bowels are constipation resisting the action of aperient or purgative medicines, abdominal tension, and sickness. The constipation may continue for many days without any other urgent trouble; but it may be that great disturbance may exist from a very early period. One of the earliest concomitants may be a sense of discomfort, or distension, or pain over the abdominal cavity; but it may not be present for several days after the complete development of constipation. The mouth becomes clammy and the tongue whitish, and there is thirst; this is commonly followed by nausea and vomiting. The matter at first vomited may be the simple contents of the stomach; then it may be more or less bilious, and at last it may become more or less completely fecal. The urine is sometimes scanty and high-coloured, at other times it is plentiful. The abdomen becomes tumid, the intestines distended so as to present great coils, which roll about during paroxysms of pain. As the abdomen becomes distended, it encroaches more and more upon the cavity of the chest, causing embarrassment in respiration, sometimes to a distressing extent. The pulse may for a while be little affected, but in the progress of the disease it becomes rapid and thready. Peritonitis may be developed, and there may be much abdominal tenderness; but the peritonitis which is developed in these cases is often very insidious in its progress. After proceeding through a certain but very variable period of time, the powers of life give way, and the patient usually dies.

After stating that the causes and the seat of obstruction are so various, it would be a satisfaction if I could state further that the symptoms of each variety were so characteristic, that we were enabled to say not only what was the seat, but what was the cause of the obstruction. This, however, cannot at present be done, because the important symptoms in either case are those of obstruction, and the signs of obstruction are very similar, whatever be the cause; except in cases of cancerous disease of the rectum, where the disease can be recognized, and intussusception, where there is often a sanio-mucous discharge, and a frequent desire to stool. The prominent symptoms are constipation, vomiting, and a tumid abdomen;

and whether the cause of obstruction be a hair-ball, a biliary calculus, an invagination, or a band of false membrane, these signs may be equally present and equally urgent. It is true, however, that when the cause of obstruction is sudden and complete, the symptoms are usually more suddenly violent than when the cause is gradually developed; but at a certain period the symptoms may be equally violent in all.

It has been said that we have a guide in coming to a conclusion as to the probable seat of obstruction, in the greater or less acuteness of the symptoms, and the quantity of urine evacuated. It has been said, that if the symptoms, particularly vomiting, are urgent, coming on rapidly, the matter vomited not being perfectly fecal, and the urine small in quantity, the obstruction may be expected to be found in the small intestine. Whatever probability may be thus furnished, there is no certainty; but in probably fifteen out of sixteen cases of obstruction, the obstruction is beyond the small intestine. Cases have happened where, in obstructions in the large intestine, the symptoms have been so acute as to have destroyed life in twenty-four hours, and where an obstruction in the small intestine has allowed of the patient surviving for two, three, or four weeks.

Again, it was said by Laugier, that we may derive much assistance, to enable us to come to a conclusion as to the seat of obstruction, by a careful examination of the intestinal canal. He said (and correctly, too), that in most cases of obstruction the intestines became very much distended; and he also said, that if we carefully follow the coils of distended intestine, we may be able to discover the point at which the obstruction is situated. My own experience leads me to a different conclusion. The coils can undoubtedly be distinguished, but I have never been able to feel any confidence that I could determine what portion of tube was under examination, except in those instances where the distension decidedly affected the cæcum or the descending colon.

Again, it has been said that, when the obstruction is not far removed from the rectum, the long tube and the injection are important aids in diagnosis; but they are not entitled to unmixed confidence. The tube may meet with an obstacle when the canal is comparatively free, and a large quantity of water may be forced through a very narrow channel.

The cases, however, which are most satisfactorily dealt with are those in which the obstruction is situated in the rectum, because in many instances the evidence of their existence is complete. An operation may be performed in the descending colon, and the surface left free for nutrition is sufficient.

The results of obstruction of the bowels are very unfavourable, but I am not able to state the exact proportion of those who survive to those who die. Death may come on, ushered in by collapse or exhaustion; or the obstruction may cause the development of peritonitis; or it may be that the intestine itself may give way, and its contents may pass into the peritoneal cavity. The following case lately came under my observation: A lady fell ill at five o'clock P. M.; at seven she was seen by her usual medical attendant. She had then abdominal pains about the umbilical region, increased by pressure. She was vomiting, but only the ordinary contents of the stomach. As the patient had had no stool for four days, enemata were ordered, and fomentations applied to the abdomen. By midnight, all the serious symptoms were somewhat aggravated. The enemata had only brought away some hard pellets. Further enemata were ordered. At seven next morning her condition was much worse; the face was collapsed; the abdomen more painful; the sickness more distressing; the extremities cold; the pulse thready. By midday she was dead.

The body was examined. The ascending, transverse, and descending colon were enormously distended. In the pelvis a considerable quantity of fluid feces was observed. Upon a more minute examination, a perforation was discovered in the concluding portion of the sigmoid colon. Beyond this was a hard ball of feces completely blocking up the intestine. The perforation took place in the middle of an ulcer.

When we are called upon to treat a case of obstruction of the bowels, we should first carefully examine externally the whole of those regions in which a protrusion of the abdominal viscera may take place.

Supposing a tumour to be found, our difficulties may not be mastered, because there still remains the important question: Is that tumour the cause of obstruction? It is a question which has been often asked. It has often been answered in the affirmative; its contents have been exposed by operation,

and in many instances it has been found to have nothing to do with the obstruction. Still, in the absence of any other apparent cause of the obstruction, we are justified in such a case in performing an exploratory operation.

Supposing no such tumour to be found externally, we then examine carefully the state of the abdominal cavity. If a tumour be discovered within, it is often very difficult to determine what it is, and what connection it has with the obstruction. Is it intussusception? Is it, as in Reybard's case, a carcinomatous tumour of the intestine itself? Is it an omental tumour pressing upon the canal, as in three cases that have happened within my own experience? Is it a foreign body within the canal, such as a biliary calculus, an intestinal concretion, a hair-ball, hardened feces, a collection of fruit-stones? These are questions of great importance, but of very difficult decision.

If we are unable, by an ordinary examination, to detect a tumour or fulness, our investigation must be carried further, and we must explore the terminating portion of the canal. We must examine the rectum with the finger, and if we discover nothing by that means, we must make a further examination with a long tube and injections; but, in using the tube, we must bear in mind that it may be arrested by the pouches and folds of a lax rectum, or by the promontory of the sacrum, or by an enlarged uterus; and, while we think it is passing freely, it may be that it is only curling upon itself. Much care is necessary, therefore, in the performance of this kind of exploration; and at best it only indicates that there is an obstruction, but does not reveal its nature, nor the propriety of an operation. Then, with regard to injections, it must be borne in mind that although, when only a very small quantity is admitted, the presumption is that there is an obstruction near the anus, yet it may be that a good deal of fluid may pass through a very narrow opening.

When our minds are made up that an obstruction exists, but we are unaware of its seat or its nature, we first have recourse to medical means of relief. And here a perfect comprehension of what means may be properly had recourse to is of the last importance; because I believe there is no class of cases in which the patient's sufferings are so much aggravated by indiscreet treatment, or I might say by the treatment commonly employed, as in those of intestinal obstruction.

It is usual to employ, from an early period, the most drastic purgatives, such as croton-oil; and the common result is to aggravate the abdominal pain, and to induce the most distressing sickness sooner than it would otherwise happen. I am confident that, by abstaining from such means, as an ordinary rule, you will not lessen the chance of evacuating the bowels, and you will greatly lessen the patient's distress.

When constipation has resisted ordinary means, I think the proper course to take is to exhibit one or two full doses of calomel with opium—say eight or ten grains of calomel and a couple of grains of opium; and to exhibit large emollient enemata every six or eight hours. If these means fail, I am accustomed to endeavour to affect the system with mercury, by giving a couple of grains of calomel every two hours, combining with it opium if there be much pain, and associating with it external inunction. Upon what principle this is done it may be difficult to explain, for it can hardly be expected to burst a band or to relax a cancerous contraction; but I believe, if the obstacle be a foreign body, it may be loosened by the increased secretion from the mucous surface; and if it be a recent adhesion, it may be softened and detached by mercurial action. Certain it is, however, whatever the *modus operandi*, that marked or even complete relief is often afforded upon the development of mercurial action in the system.—*Lancet*, January 1, 1853.

SKETCHES AND ILLUSTRATIONS OF QUACKERY.

Deceptions of Quacks.—We have frequently had occasion to expose a common deception practised by quacks of appending the names of eminent and well-known persons to testimonials of the value of their nostrums. Mostly the names are slightly changed so as to protect the perpetrator of the forgery from prosecution, and yet so nearly like the real name as to impose upon the unwary. Sometimes, however, the name and titles (as was the case with Prof. Silliman, see the number of *News* for March, 1852, p. 18) are boldly given correctly, the charlatan trusting for immunity to the ex-

pense and loss of time which a prosecution would involve.

How far these remarks are applicable to the following case, we leave our readers to decide. The letter which we subjoin is, however, explicit, and at least exonerates the eminent authors of it from having sanctioned with their names the efficacy of any nostrum.

PHILADELPHIA, *March* 22, 1853.

DEAR DOCTOR: We send you the following extract from the "*Suffolk Weekly Gazette*," of March 11, 1853. The Gazette is published at Sag Harbour, Suffolk County, New York. The extract is part of an advertisement headed "HOBENSACK'S LIVER PILLS:"—

"MEDICAL EVIDENCE."

"We, the undersigned Physicians having had the receipt of their manufacture submitted to us for inspection, say, that the ingredients of which they are composed makes them the best Pill in use for all Diseases of the Liver, Impurities of the Blood, &c. We say this not only from our own judgment, but also from that of the best medical authority in the United States. All the diseases requiring the use of an ALTERATIVE, DIAPHORETIC, and PURGATIVE MEDICINE, that came under our notice, has been treated with the above Pills, with the most satisfactory success.

"GEORGE WOOD, M. D.,
"FRANKLIN BACHE, M. D."

The extract is given *verbatim*. There are other signatures attached to it, which we have omitted, as not directly concerning ourselves.

It is scarcely necessary for us to state, if the above signatures were intended for ours, that they were wholly unauthorized by us. Neither on this, nor on any other occasion, has either of us signed a recommendation, or in any way authorized his name to be used, in favour of an empirical medicine, or of any nostrum whatever.

By giving the above a place in the *Medical News*, you will oblige your friends,

GEORGE B. WOOD,
FRANKLIN BACHE.

EDITOR MEDICAL NEWS.

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Ophthalmological Homœopathy. — The great temporary impulse which was recently given to the homœopathic imposture in Vienna, by the case of the celebrated Marshal Radetzky, was the subject of conversation in the medical circles of London, during the visit of Professor Jaeger of Vienna, at the time of the Great Exhibition. An authentic narrative of the facts of the case will, however, we dare say, be still acceptable to our readers. The *Monthly Journal* for the present month contains Professor Jaeger's explanation of the case.

In January, 1841, Dr. Hartung, physician to the Austrian army, and to Count Radetzky, wrote from Milan to Professor Jaeger, for advice respecting a disease of the eye, with which the Marshal was affected. The patient was seventy years of age, and reckoned fifty-six of military service. He was vigorous and robust, but subject to catarrhal and rheumatic affections, which became more frequent and intense with the approach of old age. The history of the attack of disease of the eye is thus given by Dr. Hartung: "The Marshal, on the 9th of October, 1840, during the manœuvres of the camp at Pardenone, exposed himself for six hours consecutively, and on horseback, to the overpowering heat of the valleys, and the currents of air on the heights. He was suddenly seized, in consequence, with violent fever, accompanied by severe pain in the forehead and temples; there arose, at the same time, an inflammation of the right eye, and of the soft parts around it; and the globe of the eye was pushed considerably from the orbit. The pain was so severe that the patient could scarcely endure it, and was obliged to go to bed. During the night, the intensity of the affection diminished, so that his Excellency was able next day to attend a military parade, and some days after to return to Milan. The inflammation of the eye, as well as the fever and pains, soon disappeared; but in addition to the old infirmities, there remained a greater degree of redness of the eyelids and swelling of the conjunctiva than formerly, and a tumour was now perceptible to sight and touch in the external angle of the eye, which caused the globe to protrude from the orbit. This aggravation, however, did not prevent his Excellency from retaining the command-in-chief, nor from occupying himself, as before, with the affairs of the service. The treatment was, from the commencement of this attack, as it had been previously, strictly homœopathic, the remedies having been administered in the

following order: 1. Aconite. 2. Baryt. carbon. 3. Zincum metall. 4. Anacardium orient. 5. Calc. carbon. 6. Euphrasia. 7. Mercurius Hahnemannii. 8. Merc. sublim. corros. 9. Antimon. crud. 10. Digitalis." As these remedies failed to produce benefit, Dr. Hartung diagnosed the growth of a fungus in the orbit; and Professor Flarer, of Pavia, diagnosticated a scirrhous tumour.

Dr. Jaeger was, at the time when he received Dr. Hartung's communication, with one from Dr. Flarer, ordered to proceed to Milan, to consult and report on the case of Marshal Radetzky. After examining the patient, the consultants were informed by him that "he would be treated by no other physician than Dr. Hartung, and in no other way than according to the homœopathic system." Drs. Hartung and Flarer still adhered to their opinions as to the nature of the disease; while Dr. Jaeger regarded it as the product of a rheumatic periorbitis, which, having taken an unfavourable turn, must have degenerated into a scirrhous disease. Yet he believed that, if an increase of inflammatory action took place, a cure might supervene after an evacuation of pus. As this view, however, did not meet the assent of Dr. Hartung, the basis of the report to Vienna was the original diagnosis—the presence of a scirrhous degeneration of the soft parts within the orbit, threatening to pass into the state of cancer. Some weeks after having returned to Vienna, Dr. Jaeger heard, by a letter from a relative of Count Radetzky, that the pain had increased, and that there was a copious discharge of pus; and this was confirmed by a report addressed to the minister of war. While this change was going on, Dr. Hartung, after effectually throwing impediments in the way of Professor Flarer, who was again called to the patient, wrote to Dr. Jaeger, "that the Marshal, having continued to be treated according to the principles of homœopathy, had got well; that the fungous tumour of the orbit had disappeared; that the pain had ceased; that the eye had recovered its mobility, and that the change of fungus into carcinoma was no more to be dreaded; and he regretted that Dr. Flarer had not had an opportunity of convincing himself with his own eyes of the favourable change!"

After some controversy had taken place on the subject, nothing more was said till 849, when the victories of the Marshal aroused in the homœopaths the idea of trying to gain thereby a new triumph for themselves; and the case has hence been paraded, with false premises and conclusions, and injurious imputations with regard to Dr. Jaeger. Dr. Jaeger concludes by reiterating his conviction, that the disease was from the beginning nothing more than simple rheumatic periorbitis, which had gone on to suppuration. The diagnosis was difficult; and on this, of course aided by no small amount of assurance, the homœopaths have blazoned forth the cure of malignant disease of the eye in Marshal Radetzky, as a splendid triumph of homœopathy. Dr. Jaeger completely demolishes their pretensions.—*Association Med. Journ.*

Dr. Hartung "diagnosed" the growth of a fungus in the orbit; and Dr. Flarer "diagnosticated" a scirrhous tumour; while Dr. Jaeger regarded it as the product of "rheumatic periorbitis," degenerated into a scirrhous disease. So much for the eye-surgery of the idols of mushroom ophthalmologists. The old soldier evidently suffered the tortures of an abscess in the orbit.—*Dublin Med. Press*, Feb. 16, 1853.

The views of our esteemed contemporary, Prof. Jacob, of Dublin, in regard to this case, are undoubtedly correct.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Review of the Weather for the Month of February, 1853.—The month of February last was remarkable for its mildness. For fifteen days it did not freeze at all, and the mean temperature of but eight days fell so low as 32 degrees. The earth has hardly been gray with snow; and so early as the 8th, the crocus and the silver-maple were in full blossom.

The average mean temperature of February, for the last sixty years, has been for this city, 29.35 degrees; while the average temperature of the same month this year, rose to 38.26 degrees; which is above the mean of the ensuing, or first spring month. In 1842, the temperature of the month under review was nearly as high; in 1840, it rose to 39 degrees; and in 1828, it is recorded by Peirce at 40 degrees. An elevation of temperature for this, usually the coldest month in the year, equalled but

once on our record. In his register, this careful observer remarks: "The medium temperature of this month was 40 degrees, and the weather was more like April than a winter month. Apricot and peach-trees were in bloom on the 20th; but some frosty nights in March destroyed most of the promised fruit."

But the mean of this month for 1851 rose to the unprecedented height of 41.14! A record made at the time says: "The willow tops have already put on the olive colour of the young leaf, and the woodbine has put forth its branches."

A thundershower occurred on the morning of the 2d, and some rain, twice mingled with snow, fell on eleven days. The whole fall of rain for the month, as recorded at the Pennsylvania Hospital, was 4.44 inches.

The range of the thermometer for the month was from 20, on the morning of the 20th, to 59, on the afternoon of the 6th, or 39 degrees.

Not only the last month, but the whole winter, has rarely been exceeded in mildness. The mean average of our winter cold is $30\frac{1}{2}$, while the mean of last winter rose to $38\frac{3}{4}$. About the same winter temperature occurred in 1828—also in 1848 and 1851; the winter mean rose to 38 degrees.

The earth is without frost, and our rivers without ice.

Not more than the usual quantity of rain has fallen in this vicinity; but from some cause, the Schuylkill water comes to us containing more than its usual quantity of the washings of the well-tilled and well-dressed fields that for sixty miles adorn its banks. So turbid has it been for the greater part of the past month, that for culinary purposes also, as well as for a beverage, it is utterly unfit.

The month, as the whole winter, has been unusually healthy; the whole number of deaths for the four weeks comprised in the last month being 774, while for the four corresponding weeks of last year the whole number was 859. So the whole mortality for the past winter was 2364, while for the winter of 1851–'2 it was 2651, or 287 greater, and this, notwithstanding the population was then very considerably less.

But it is an important consideration how this lessened mortality is reconcilable with an increased population; and it is one of the achievements of meteorology, not the least interesting among its many contributions to our knowledge of the laws that govern the elements that surround us, and the influences of these upon animal and vegetable life, that it has thrown a strong light, especially upon the hygienic effects of *light* and *heat* upon the animal economy. It has shown that we cannot with impunity expose our bodies, habitually, or for a lengthened period, to a greatly lessened portion of either of these all-pervading agents. Under such exposure, the infant, the aged, and the infirm of all ages are the first to succumb.

In the darkened cells of prisons, and in the obscure courts and dusky alleys of cities, are found many victims of this sort. And, too often, in the broad street, and in the comely mansion, with the glorious sunshine falling full upon it, children pine and falter; because their parents are ignorant of the established fact that animal, no more than vegetable life, can be healthful in the shade; that though the vigorous adult may, for a season, resist its peccant influences, animals, not less surely than vegetables, will languish, become enfeebled, and prematurely decay, when long deprived of the sun's rays.

We have said that parents sometimes shut the sun from their dwellings because they are ignorant of the momentous fact that to animals no less than to vegetables, to man no less than to the blade of corn, is sunshine—we mean the direct rays of the sun falling upon its object—essential to healthful development. Yet we have reason to fear that this practice does not always proceed from so excusable a source, but that known laws are neglected, or, as it were, set at defiance, from a prudish effeminacy that leads to the *habitual darkening of rooms*, lest, forsooth, a fly be admitted, or the carpet and the damask be faded!

A few weeks there are, six or eight it may be, in this climate, when comfort is consulted by excluding the mid-day sun from our dwellings; and this may, perhaps, be done without prejudice to health, provided too much of our time is not spent within them, and a morning and evening ventilation be given.

The deleterious effects of exposure to cold are not less apparent; especially where the subject be young or of infirm health, and the exposure be sudden. This may best be seen during our winter vicissitudes, by comparing the state of the thermometer

with the bills of mortality as periodically issued. A mild temperature for the month, or winter, gives, *cæteris paribus*, a low mortality; and a low temperature an increased mortality. Compare, for instance, the temperature and health of the winter just past, one of the mildest as we have seen, in the last sixty years, with that of 1851–'2, which was about of the average temperature.

Mortality for three winter months for 1851–'2 2651
Average temperature 30.86
Mortality for three winter months for 1852–'3 2364
Average temperature 38.76

That is, other things being equal, a winter eighty degrees milder lessened the mortality 12 per cent. But other things were not equal, for the population had increased probably not less than 6 per cent.; and thus, to preserve the ratio of the preceding winter, the mortality should have increased 6 per cent. also; thus showing a sanatory influence in favour of a mild winter of not less than 18 per cent. We give this comparison in illustration, not as proof, of the fact of the influence of temperature upon health, for this had been well authenticated.

By carrying the comparison further, we shall see that this increased mortality from exposure to cold falls more especially upon that class of invalids subject or predisposed to diseases of the organs of respiration, chiefly consumption of the lungs or phthisis. Thus the whole number of deaths from these diseases in the winter of 1851–'2 was 731—while the number of deaths from the same causes during the mild winter of 1852–'3 was reduced to 617, or 114 less, showing a difference in favour of the latter of 16 per cent., or, if we allow for the increase of population, of 22 per centum.

Deducting the number of deaths from lung diseases from the whole mortality from all causes during these respective years, we shall see that while the increase of mortality from diseases of the organs of respiration under the influences of a cold winter, was 16 per cent., exposure to cold had increased the number of deaths from all other causes to about 9 per cent. only. Thus showing what class of invalids suffer most from this cause, and teaching, as clearly as facts can teach, the vital necessity of increased care, on the part of such as are subject or predisposed to disease of the

Days of month.	THERMOMETER.			WIND—COURSE AND FORCE.		REMARKS.
	Sunrise.	2 P.M.	Mean.	Sunrise.	2 P.M.	
1	32	41	36½	S. 1	E. 2.	Clear, cloudy.
2	40	14	42	N.E. 2	N. E. 1	Rain A. M., thundershower 10 P. M.
3	41	50	45½	Calm.	N. W. 2	Dense fog, fair, clear.
4	39	46	42½	N. 1½	N. E. 1	Fog, slight sprinkling of rain.
5	43	50	46½	N. E. 1	E. N. E. 1	Fog, cloudy.
6	58	59	58½	S. 1½	S. W. 1	Cloudy, rainy day and night.
7	36	38	37	N. 3	N. W. 3	Overcast, clear evening.
8	36	38	32	N. N. W. 3	N. N. W. 3	Clear.
9	30	34	32	S. W. 1	N. W. 4	Clear.
10	25	42	33½	S. W. 1½	S. by W. 3	Overcast, fair. cloudy, clear.
11	36	50	43	S. W. 2	S. S. W. 3	Cloudy, clear.
12	42	46	44	N. W. 1	N. N. W. 2	Overcast, fair.
13	35	35	35	E. N. E. 3	N. W. 1	Snow and rain, clear P. M.
14	29	32	30½	N. W. 3	W. by N. 4	Cloudless, clear.
15	24	38	31	S. S. W. 1	S. S. W. 2	Do.
16	38	52	45	S. E. 1	S. 2	Rainy day, clear 10 P. M.
17	33	38	35½	N. W. 4	W. N. W. 3	Clear.
18	29	44	36½	E. by N. 1	S. 2	Fair, cloudy.
19	32	30	31	N. E. 3	N. E. 3	Cloudy, overcast.
20	20	32	26	N. 2	W. by N. 3	Fair, clear.
21	28	38	33	N. W. 1	S. W. 2.	Clear, fair.
22	35	52	43½	S. ½	S. by W. 2	Fair, cloudy, rain 9½ P. M.
23	52	44	48	S. 1	N. N. W. 4	Rain till 3 P. M., clear evening.
24	26	31	28½	N. W. 5	N. W. 5	High wind and little sun.
25	26	37	31½	W. by S. 2	N. W. 3	Clear, fair, clear.
26	30	42	36	W. 1	N. W. 3	Clear, cloudy, clear.
27	34	48	41	Calm.	S. 1	Cloudless, overcast, rain 9½ P. M.
28	43	50	46½	S. 1	N. E. 1	Rainy night and morning, cloudy P. M.
	34.35	42.17	38.26	1.7	2.4	Monthly means.

lungs, of exposure of these enfeebled organs to atmospheric vicissitudes. Especially in winter and early spring is this care required, and we have been more willing to give this exposition, from a knowledge that a contrary opinion and practice prevail to a large extent, and from a hope that some of our readers might be profited by it.

P. S.

Philadelphia, 3*d Month*, 4, 1853.

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Medical Journals.—We extract the following remarks on Medical Journals from our contemporary, the *Western Journ. of Med. and Surgery* (Jan. 1853):—

"Is it possible that all the journals in existence and contemplated, can live? Are they and will they be supported? We are no prophets, and shall not attempt to foretell what will be the fate of many of our respected contemporaries; but we are sure we are fully warranted in saying that at the present time their support is most inadequate. Hardly one comes to us in which there are not complaints that subscribers do not pay well. The cover of our own journal bears too frequent testimony to the tardiness with which the demands of our publishers are met. As a body, we take it that the medical editors of the United States labour for a smaller pecuniary remuneration than any other class of men in the community. The hope of such reward cannot be a motive to these enterprises.

"The rapidity with which medical, literary, and political journals have been multiplied in our country during the present century, is one of the marvels of our wonderful age. * * * *

"It was near the close of the last century when our first periodical devoted to medicine was established, and at that time there were few such journals in existence anywhere. The *Medical Repository* was begun at New York in 1798, and for fifteen years had no ally or rival in our country. From first to last, in fact, it may be said to have occupied the field alone; for, while it went on to the completion of its twenty-third volume, its few contemporaries, after struggling on for a year or two, were discontinued for want of patronage. The *Medical Recorder* succeeded to the popularity of the *Medical Repository*, and thirty years ago, if not the only one in existence, was the only one that was widely circulated, or had any considerable duration. Another was at length established by its side in Philadelphia; and this still goes on under a new name, the largest, the most elaborate, and the best supported of all our professional serials. The *Boston Medical and Surgical Journal* in age ranks next to the *American Journal of the Medical Sciences*, and its accomplished and amiable editor, we believe, has been longer on the tripod than any of his brethren, and is therefore the patriarch of the fraternity.*

"Looking over our exchange-list, we find that the number of our medical journals has now swelled to twenty-eight, not to speak of those devoted to Pharmacy, Insanity, Dentistry, and the sciences allied to medicine, or of that mongrel brood which defiles while professing to reform and advance our noble profession. Of these, New York furnishes five, Pennsylvania four, Tennessee four, Ohio two, Louisiana two, Kentucky two, and Massachusetts, New Hampshire, New Jersey, Virginia, South Carolina, Georgia, Missouri, Iowa, and Illinois, each one. All France and Great Britain together scarcely do more than this.

"We have remarked that most of these publications afford but too indubitable proof of insufficient pecuniary support. Most of them barely pay expenses, if, indeed, they are not a tax upon their conductors; and in this connection another question naturally suggests itself—*is their literary support any better?* We believe that no one, after a careful inspection of the weekly and monthly issues of our medical press, will answer this question in the affirmative. The pages of our journals testify to a sad deficiency of practised competent contributors. Any one who will be at the trouble to estimate the proportion of 'original' matter in them, one month with another, will find that it is small, and, what is worse, that the articles forming this department have too probably obtained admission, in many cases, for no better reason than the straitness of the

* [Though it may be a matter of little moment, still, as point of correct history it may not be uninteresting to state that the first number of the *Boston Medical and Surgical Journal* was published on the 19th of February, 1828, without any editors' names, but it was edited by Drs. J. C. Warren, J. Ware, and, if we remember right, Dr. W. Channing. Subsequently, at what precise period we do not know, it was transferred to Dr. J. V. C. Smith, whose name as editor first appears in the twelfth volume published in 1835.

The first number of the *American Journal of the Medical Sciences* appeared in November, 1827, and it has continued up to the present time under the same editor.—Editor Med. News.]

editor's supplies. A journal once launched forth must be continued to the end of the year, whether it has subscribers or not, and its pages must be filled with or without the aid of contributors. Publishing day comes round, and the editor is not prepared for it; he racks his brains for matter, but discovers, at length, that his powers of production have their limits. His Hippocrene has run dry. In despair, he seizes upon whatever may chance to lie within his reach, retouches, or remodels it, vamps it up, and sends it forth among his 'original' essays and cases.

"We have often asked ourselves the question, where is this tending, and in what is it to end? There are certainly more journals than are demanded, and the number is not likely soon to grow less, but rather to increase. Few have been discontinued within the last ten years, and during that period one at least has been added annually to the list. But this very excess is attended with some advantages, one of which is, and it is a most important one, that it fosters and develops in our profession a taste and talent for writing. Hundreds of articles are prepared for the periodicals of the neighbourhood, which would never be sent to a journal at a distance, and writers are thus found and brought out who otherwise would have spent their days in obscurity. In this way, too, the whole profession of the country is laid under contribution and its experience placed upon record. Cases of rare interest, facts having important practical bearings, are brought to light by this searching process which, in the absence of the competition, would probably remain unrecorded. And what though the history of them be given in uncouth phrases and an unpolished style? The function of the editor is to correct and improve these, and, so that the matter be good, he can afford to be indulgent as to the rest.

"We once heard of a correspondent of a western journal, who, on the appearance of his first article in print, wrote a kind letter to the editor, in which he related the following anecdote: He had once a friend, he said, who concluded to buy a little horse at auction because he was going cheap—an ill-formed, starved, sorry-looking little creature. He sent him to the country to be recruited. After a few weeks, his pony was brought back to him, but so metamorphosed that he did not recognize him. He could hardly be persuaded that the plump, sleek animal before him was the shabby thing that he had a little while before dispatched to the country. We may add that this correspondent was not discouraged by the liberties which the editor took with his manuscript, but has continued to write, and now, when his papers return to him, he has no difficulty in recognizing them. We have no doubt but the experience of our brethren of the quill would furnish many similar instances. But all correspondents are not so reasonable, nor so improvable. What, for example, could be made of a man who wrote thus:—

"'Dear Sir I wish you to Stop sending the Medical Journal to me for I will leave for oregon this Spring So close up for it is the no a countest thing I ever read it is at least 50 years behind the times you had better stop grinding or turn Eclectic then you will be a benefit to mankind

M. JEFFERIES M. D.'

"We think this rare literary specimen is worth preserving, and doubt much whether any of our brethren can furnish from their correspondence anything to match it. *Dr. Jefferies*, it will be remarked, does not deign to make a stop in his letter. It is to be hoped that he did not stop till he got to Oregon.

"In what we have written, it has been far from our purpose to repress the ardor of any of our friends about embarking in the business of editorship. We would rather applaud their spirit and cheer them on to the work. Tendering to them and to all our brethren—the editors of the old journals and of the new—of those in *posse* as well as of those in *esse*—the compliments of the season, we wish them abundant success in their labours."

—

Medical Society of the State of Pennsylvania.—The annual meeting of the Society for 1853 will be held in the city of Philadelphia, commencing on Wednesday, May 25th. The secretaries of County Societies are requested to forward to the undersigned (No. 92 Arch Street, Philadelphia), the names of their delegates, at their earliest convenience.

HENRY S. PATTERSON, M. D.,
JOSEPH GIBBONS, M. D.,
Recording Secretaries.

Medical Graduates in 1853.

Jefferson Medical College, . .	223
University of Maryland, . .	60
Kentucky Medical School, . .	39
Medical Department of Yale College,	15
Med. Department of Penna. College,	56
Med. School of Harvard University,	17
Starling Medical College, . .	42
Coll. of Phys. and Surg., N. Y., .	53

—

New Jersey Insane Asylum.—The number of patients received into this asylum last year was 121. There were discharged 85, of whom 45 had recovered and 38 improved. There are now in the institution 182, of whom one-half are males.

—

Medicines.—The Illinois Legislature have passed an act requiring all persons dealing in medicines to label the medicine they sell on the bottle, vial, or package containing it. For a violation of the act a fine of from $1 to $5 is imposed. But physicians in their practice are not included in the intention of the act.

—

New Work.—Dr. C. D. Meigs is preparing a volume On the Nature, Signs, and Treatment of Puerperal Fever. To be published by Blanchard & Lea.

—

The Esculapian. A Monthly Medical Paper for the People. Edited by C. D. Griswold, M. D.—We take pleasure in inviting the attention of the profession to this useful publication, the main objects of which are to diffuse among the people correct views in regard to medicine, and to expose quackery.

Physicians will advance their own interests and the cause of scientific medicine by exerting their influence to extend this publication among their patients.

FOREIGN INTELLIGENCE.

Tschudi's Account of the Arsenic-Eaters of Lower Austria.—The following account receives importance both from the extensive scale of the experiments and the general accord given to effects claimed for the agent employed: When an article is brought into habitual use in any extended district of country, and produces results evident to the senses, owing its employment to the universally admitted constancy of its effects, we are taught the constitutional operation of such agents in a manner to give confidence to us in their therapeutical application. Our method of deducing natural laws being, from the observation of invariable effects attending certain and fixed causes, we must ever receive with pleasure the detail of facts observed in instances where articles of the materia medica are employed. And where, as in such instances as the present, the established effect of the agent administered is disabused of the accusation of partiality, so often true with reference to the result claimed for the exhibition of medicines on a limited scale, we naturally draw conclusions from such statistics, feeling that they are free from the errors of limited experiments, where individuals, stimulated by the laudable desire of benefiting mankind and healing the sick, with oftentimes the lurking spur of personal ambition, are themselves deceived.

"The custom of eating arsenic prevails to a very great extent among the peasants of Lower Austria and Steiermarks, particularly in those mountainous regions bordering on Hungary. It is procured from peddlers, cow-doctors, and quacks of various description. These arsenic-eaters have a double purpose in view for the acquisition of their habit, the first being a healthy and fresh appearance, with a certain degree of corpulence; this intention they for the most part gratify, while the more youthful among them are remarkably distinguished for blooming health and exuberant exterior. The second purpose of this use is to facilitate respiration, and thus aid in the constant necessity of ascending heights required from their residence in a mountain region. It is not to be neglected, however, that excessive employment of arsenic for these ends is followed by poisonous effects and death. When these people have a long ascent of the mountains to make, they commence by taking a small piece of arsenic in the mouth, where it is gradually dissolved, producing most surprising effects in the ease with which the labours of the way are overcome. They begin with somewhat less than half a grain taken on an empty stomach in the morning, and prudently supply the mouth until the quantity consumed reaches about four grains at the time that their excretions are completed.

"There is never the least appearance of an

arsenic-cachexia, or chronic poisoning effect of this mineral to be observed in those persons who are in the full enjoyment of its habitual use; but should this habit for any length of time be suspended, the phenomena of a low grade of arsenical poisoning make their appearance, and are only removed by a return to the former custom.

"Arsenic is often strewed among the oats used by the horses, or a small piece being wrapped in linen is bound upon the bit, so as to insure its being gradually dissolved and supplied while the demand is being made upon the highest powers of respiration of the horse. A coat of great beauty, with a lively, spirited disposition, is thus insured to the horses, depending, however, upon their being continued upon this diet, for, should it be changed, they lose flesh, spirit, and the glistening coat for which they are so remarkable, though fed upon the choicest food, and are only restored when arsenic is again supplied. It is to be observed, in conclusion, that throughout this entire region, a knowledge of the abuse of the customary habit of making arsenic a diet, enters largely into questions of medical jurisprudence."—*Prague Medical Journal.*

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Examinations Real, not Verbal.—[The following remarks, which we extract from our new contemporary (*Association Medical Journal*, edited by J. R. Cormack, M. D.) have much truth in them, and are suggestive of means to advance medical education, well worthy the consideration of our National Medical Association:—]

Great improvements and great discoveries, when known, seem to be so simple and obvious, that the wonder to all is that they were never adopted or found out before. And there are few more simple and obvious improvements, and none perhaps of more vital importance, than the addition of *real* to *verbal* examinations, by the Examining Board of the University of London. A century hence, the mode in which students are now mostly educated for medical and surgical practice will, we trust, hardly be credited. The plan hitherto has consisted in crowded lecture-rooms, while the attendance in dissecting-rooms, botanic gardens, chemical laboratories, and the wards of hospitals has been miserably scanty. Young men have assiduously worked at books in their own rooms and under grinders, and have let slip the most precious opportunities of learning their profession. They have plied themselves with the thoughts, opinions, and acts of other men, without gaining the power of thinking or of observing at all. Who does not look back with a sigh, or with a more bitter feeling, at a system which compelled him to go from lecture-room to lecture-room, to hear for the most part *words*, in order that he might pass an examination of *words;* the one to fit him, and the other to convince the world that he was fitted to practise, not a language, but a practical art and a science dealing with *things?* The whole system—teaching, grinding, and examining—was exactly calculated to make him believe that he had only to commit to memory a certain number of words, in order to cure disease: a most cruel treatment, nicely calculated to raise his hopes in order to disappoint them; to foster all his conceits at his acquirements, in order to show the falseness of their foundation. He was sent away with prizes and medals and parchments, which proved, not that he had in any way mastered his art, but that he knew how to talk about it. Now the fault which lies at the very bottom of this system, and on which it rests, is the examination at the end. Improve that, and the other must correct itself. Examine the candidates in *things*, and not in *words*, and they must know the things and not merely the words representing them. Test anatomy by dissection, and the dissecting-rooms will be well attended. Test chemistry in the laboratory, and that will be the place of chemical study. Test surgery and medicine by the actual examination of patients, and the bedsides will be surrounded. This plan has been commenced by the University of London, and must sooner or later be followed by the other Examining Boards; and we feel convinced that the actual improvement in medical education will be rendered greater by this single alteration, than by any new curriculum, however comprehensive.

We will conclude with two instances of the working of the present system:—

Two students competed for a botanical prize. One has since proved himself an original botanist of the highest accomplishments. At that time his knowledge of plants was marvellous. He could tell any species, name it, and give the natural order, even in Kew Gardens, and his acquaintance with structural botany was

great. The other knew something of the botany of his district, and little more, but very carefully got up by notes the lectures they were attending; and although not fit to hold a candle to the other, he ran him so hard in a written examination, as to be within a few figures of gaining the highest prize. He had sufficient self-knowledge to be glad that he did not. In the second instance, the very worst house-surgeon inflicted on a public hospital was the highest prize-man in his college, and was elected on the strength of his prizes. His abilities were excellent; but he had devoted with diligence all his powers to the acquisition of *words* from books, and broke down in an appointment which demanded a knowledge of *things*.

The system has been to blame, not the student; and we thank the University of London for having begun prominently to adopt a more scientific mode of examination, and for thus giving us the promise of a more capable set of junior practitioners.

—

The First Physician and Chief Pharmacien of the Emperor of the French.—The personal history of Dr. Conneau, who is now First Physician of the Emperor of the French, is well known in this country, as that gentleman was for several years in practice in this metropolis. He has been all his life in the family of the present Emperor, and attended the latter's mother, Queen Hortensia. He followed Louis Napoleon in all his hazardous expeditions, and was finally allowed to share his captivity at Ham Castle. The Emperor's attachment and esteem for Dr. Conneau have lately been rendered manifest by the appointment to which we have alluded, and we mention this act of constancy and gratitude of the Emperor towards a member of our profession with no small degree of pleasure, as exalted persons are not always grateful, and because these favours are being bestowed on a physician who in every way deserves them. Dr. Conneau has lately given a proof of his good taste and high sense of propriety, in writing to the Academy of Medicine that he did not mean to avail himself of the right he has just acquired, as First Physician of the Emperor, to take his seat in the Academy as honorary President. This right is to be traced to the foundation of the Academy in 1820, when Portal, the First Physician to Louis XVIII., exerted himself so warmly in behalf of the Society, that it was resolved to give him and his successors the honorary presidency of the Academy.

The chief pharmacien of the present Emperor is M. Acar. This gentleman was formerly residing at Ham, and rendered the then prince services of an important kind. It is refreshing to see the new monarch surrounding himself with the men who stood around him in evil days. M. Acar is a man who has claims to a scientific reputation, and has published some valuable papers on professional subjects.—*Lancet*, Feb. 19.

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The Empress of the French and Medical Charities.—It is stated that amongst the articles composing the *corbeille de mariage* of the Empress, her husband had directed to be placed, in lieu of the purse which it is the custom to give to the bride, a pocket-book containing notes to the amount of 250,000 francs. This large sum the Empress has devoted entirely to medical purposes, giving 150,000 francs to be employed in founding new beds in the Hospice des Incurables, in favour of destitute persons of both sexes, the designation of whom is to belong to the Empress. Her Majesty has also become the patroness of the Sociétés Maternelles, to which institution she has given 100,000 francs.—*Ibid.*

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Munificent Gifts to Medical Institutions by M. Orfila.—M. Orfila recently read the following letter before the Academy of Paris: "I do not wait, as is generally the rule, till death has removed me from among you, to assign the sum of 24,000 dollars to different public establishments. I have two reasons for acting thus: first, because it is of some importance that the institutions to which I refer should as soon as possible reap the benefit of the donations which I am offering; and secondly, because I thought that my presence would be of some use to overcome any difficulties which might arise during the carrying out of my plan; or perhaps in order to modify the latter, if the necessity of doing so were clearly demonstrated. I shall not attempt to enter into the reasons which have induced me to give the preference to certain institutions over others; it will be sufficient for me to state that, by giving 12,000 dollars to government for the completion of the museum which bears my name, it is my intention to endow France with a scientific col-

lection which will be unparalleled, and also to afford students in medicine a new proof of the sympathy and good-will with which I have always regarded them. I am also anxious to show them how grateful I feel for the very flattering attention they invariably have given to my lectures for the last thirty-four years. I am anxious, for this reason, that no misapprehension should exist regarding my motives, and have directed the following inscription to be placed over the principal entrance to the museum:—

"'*To Students in Medicine.*—I founded this Museum, in 1845, for promoting medical studies, and solely to be useful to yourselves.—ORFILA.'

"I have thought it right to found a small annuity in favour of the keeper, who has always rigidly attended to his duties. I also institute two prizes, one to be given by the Academy of Medicine (400 dollars), the other by the School of Pharmacy (200 dollars), on subjects which have fixed my attention all through life. I have thus no other ambition but that of serving a science to which I have always remained faithful, without allowing myself to be led astray by politics. I give to the Preparatory Schools of Bordeaux and Angers, 200 dollars to the former, and 440 dollars to the latter, to show how I approve of this kind of schools, which were organized upon a proposal of mine. To the Benevolent Medical Association of the Department of Seine, I give 80 dollars a year, in proof of the high estimation in which I hold this society, which I am proud of having founded in 1833."

M. Orfila mentioned various other acts of kindness and benevolence of smaller importance, and received, at the end of his discourse, the hearty and unanimous applause of the members present. The Academy have decided that thanks should be tendered to M. Orfila by a deputation; and the medical press are calling a meeting for the same purpose.—*Ibid.*

—

Health of Paris.—Some alarming rumours have been in circulation at Paris; we may give our assurance that all anxiety as to the state of the public health is without foundation. Information, upon the accuracy of which we may rely, authorizes us to say that the choleriform affections which have presented themselves lately at the hospitals have not exceeded the number twelve during the last six months, and that such is about the usual proportion to other cases at this season. With one exception these cases were slight; the principal symptoms characteristic of Asiatic cholera were wanting, and the patients all recovered. One single circumstance was calculated to arouse public attention, namely, five cases of this nature presented themselves at the Hôtel Dieu upon the same day the week before last. The symptoms, however, yielded to proper treatment. The influenza (la grippe) has prevailed at Paris since the last fortnight of December, and has attacked, as usual, a large part of the population. As usual, too, but perhaps rather more strongly marked in the present epidemic than in any of the preceding, the disease has presented itself under two forms, a pectoral form, and an intestinal form. Under this last form, it gives rise to colic, purging, to a prostration of strength most marked, to change in the features, to general loss of temperature, symptoms which recall, in reduced proportions, some of the phenomena of Asiatic cholera. But these accidents yield wonderfully to the employment of some diffusible stimulus, viz.: infusions of peppermint and chamomile, and to the administration of opium in draughts or lavements. Opium is most useful in arresting these symptoms, which do not resist treatment nearly so much as those accompanying the pectoral form of "la grippe," the progress of which, usually without danger, it is difficult to stop.

It is very true there are, at the present moment, a great number of sick in the hospitals; supplemental beds have been put into the Hôtel Dieu, and it is feared a yet larger number will be required. This fact arises from two causes: First, the suppression of the temporary hospital of Bon Secours; secondly, the exceeding mildness of the winter, which has permitted the continuance of the immense works now in progress at Paris, and has consequently retained a considerable number of labourers who usually go back at this season to their homes. To resume, in spite of "la grippe," in spite of the crowded state of the hospitals, where there are many cases of typhoid fever, nothing justifies the apprehensions spread throughout the public mind. Asiatic cholera does not exist in Paris. It is retiring daily from central Europe, and everything confirms us in the hope, which we expressed last November, that the epidemic of Poland and Russia would die in the place of its

birth.—*L'Union Médicale*, January 27, 1853.

Suppurative Peritonitis attended with the Evacuation of the Pus through the Abdominal Walls, and followed by Recovery.—Dr. Baines read an account of a very interesting case of this character before the Western Medical and Surgical Society of London (Dec. 3, 1852).

The subject of the case was a child, five years of age, of strumous diathesis, and whose father had died of phthisis. Having been for some time ailing, and complaining of transient pains in the abdomen, was first visited professionally on the 18th of May last, when she presented the following symptoms: Slight abdominal pain and tenderness, with frequent vomiting and fever. These having all much increased by the following day, leeches were applied, and mercury with chalk, and Dover's powder, ordered every four hours. She had assumed a decubitus upon the back, with the knees drawn up. No enlarged viscus could be detected in the abdomen. The remedies were continued until eczema mercurialis occurred, which necessitated the withdrawal of the mercury, and the Dover's powder was continued alone. The symptoms remained much the same, without any enlargement of the abdomen or fluctuation, up to the 14th of June, when all the symptoms returned with increased violence. There were no rigors. Poultices, leeches, &c., as before. On the 15th, the abdomen began to swell, and general fluctuation could be detected. The next day a small, red, prominent spot, which had formed since yesterday, just below the umbilicus, gave way, and about three pints of greenish pus was discharged. The enlargement of the abdomen subsided. The child was much depressed. The wound having closed on the 17th, the symptoms returned, but again subsided upon re-opening the wound, from which time the patient gradually recovered. Dr. Baines remarked that cases of acute sthenic peritonitis, terminating in effusion of pus, were comparatively rare, and especially so in children, as the peritoneum shares with other serous structures an indisposition to assume the suppurative type of inflammation; and that, when found, it was after some duration of the chronic form of the disease, as manifested in scrofulous subjects. He stated it as worthy to be remarked, that, in no case yet recorded, had there been any rigor occurring, whereby one could diagnose the formation of pus. The author glanced at certain cases of partial suppuration in the peritoneal cavity in children, as being more common, and quoted the experience of M. Thore, of Paris, among the foundlings of that city. The method of cure adopted by nature in the present case is sometimes found to occur in puerperal cases; though in others, again, the matter has burst into the rectum. Hence, under the most hopeless circumstances, nature will assist us in suggesting a mode of cure; and though our prognosis might be more favourable under these circumstances than where no evacuation occurred, yet the exhaustion consequent upon the discharge is so great as to necessitate a guarded opinion as to the result. The author further drew the attention of the Society to the remarkable acuteness of the effusion. For the first month no fluctuation existed; but in two days the pus formed, and had perforated the walls of the abdomen.—*Lancet*, December 18, 1852.

—

Extraordinary Birth.—Mrs. Emma Erchert, of 65 Oxford Street, gave birth last week to a female infant with two heads and two necks. One head came into the world nearly four hours before the other. The infant had full vitality two minutes before birth. Dr. Richards, of Bedford-square, acted as accoucheur, and had to use instruments. The body, which was well proportioned, measured 19½ inches in length, and 9½ from shoulder to shoulder, across the back. The mother dreamed, a fortnight previously, that she would give birth to such a monster. Mr. Erchert retains the body, properly preserved. —*Lancet*, Feb. 12, 1853.

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Liability of Employers for Attendance on Servants.—At a trial recently brought by a surgeon in one of the county courts in England, to test the question of the liability of employers for the payment of medical men for attendance on domestic servants, the judge decided that they are liable, and gave the verdict for the plaintiff, with full costs.

In the same court, in a suit brought by another surgeon for payment for several visits to the same patient in one day, the judge stated that he considered medical men the best judges of what patients required, and decided that they are entitled to charge for more than one visit per day.—*N. Y. Med. Times*, Feb. 1853.

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

A Clinical Lecture on Scarlet Fever, delivered at Westminster Hospital, Nov. 1852. By Hamilton Roe, M. D., Physician to the Hospital.—Gentlemen: I have to-day an opportunity of directing your attention to three cases of scarlet fever, which afford good illustrations, one of them, of the usual course of that disease when it goes on favourably, and two, of terminations which I believe to be more common than they are generally supposed. There are in all, eight patients now in the Hospital suffering from this complaint, which is a larger number than ever has been in it at one time since I have been one of its physicians.

The case I shall first notice is that of Samuel Stamford, a boy of thirteen years of age, who was admitted into King William ward on the 16th of October, and is now fast convalescing. He was a blear-eyed, scrofulous looking boy, but not weak, and resided at Little Peter Street, an unhealthy locality in this neighbourhood. There was no evidence of his having had communication with any one similarly affected. He said he had been seized with fever and sore throat three days before his admission, and from that time had been gradually getting worse. He was covered with a scarlet eruption, most marked over the abdomen, and complained of great difficulty of swallowing from the state of his throat, which was red and swollen. His tongue was coated at the base, red at its tip, and on its edges: his respiration was easy; pulse quick; heart's action accelerated, but unaccompanied by any unusual sounds; his skin was hot; his bowels had not been opened for three days; his breath was offensive; his urine high-coloured; his senses were dull, and he lay without taking notice of any one.

Now, it must be evident to you, that be-

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☞ *In no case will this work be sent unless the money is paid in advance.*

fore we can form a correct notion of the treatment that is likely to prove useful for any disease, we must have ascertained its causes, and its consequences or terminations; for, unless we have done this, we cannot know what is to be effected, and what prevented; and, therefore, we have nothing to guide us in selecting remedies. The opinion now generally entertained by the medical profession respecting scarlet fever, is, that in common with typhus fever, smallpox, cholera, and other epidemics, it is caused by the introduction of some poison into the system, from inhaling air in which miasma is suspended, or some noxious gas mixed; that when the poison is got rid of pretty soon, recovery takes place; but when it is not, that it induces disease of one or more vital organs, which often destroys life. The kidneys, bronchi, and lungs, are those most frequently affected, and, therefore, scarlet fever may be said to terminate in Bright's kidney, bronchitis, or pneumonia. Rheumatism also has been observed by Dr. Golding Bird, to come on occasionally after it.

The first indication of treatment, when a poison has either been taken or entered the system is, to give an antidote for it, and this we should do in all cases of epidemic disease, if we could; but we are not acquainted with any medicine which possesses the power of destroying an animal poison within the body; we are, therefore, obliged to direct our efforts towards counteracting its effects, and assisting the system to throw it off through some of its emunctories. The symptoms or effects which are usually first observed are, chilliness, rigors, oppressed circulation, and a torpid and depressed state of the nervous system, which sometimes proves speedily fatal. I have known scarlet fever to cause death within twenty-four hours after the eruption has appeared, and smallpox has frequently done the same. To counteract the effects just enumerated, it is considered by many medical practitioners advisable to give emetics as early as possible after the disease has set in, as having a tendency to cool and soften the skin, and to induce it to perspire; they also divert the blood from the internal organs to the surface, and help the system to rid itself of the poison. The medicines usually next given are intended to fulfil one of the following indications, according to the view of the practitioner: to increase some of the natural secretions, in the hope of their carrying off the poison; to strengthen and support the system under the efforts it will make to get rid of it, or to destroy its power by chemical action. Dr. Hamilton, of Edinburgh, advised purgatives with the first view; carbonate of ammonia, bark, and stimulants have been recommended by others with the second; hydrochloric acid and chlorine, with gentle aperients, have long been used in this hospital and elsewhere with the third view. The chlorine mixture is made by mixing ten grains of chlorate of potash with one drachm of hydrochloric acid, and when the chlorine is all evolved, adding water to it by degrees, until it is taken up. Diluents and liquid nutriment are also given freely, and, under this mode of treatment, a large majority of patients affected with epidemic diseases recover. Scarlet fever is to be treated on similar principles, for we have no antidote to its poison; belladonna has been asserted to be one, and a prophylactic also against it, but on no better grounds than that it causes the same symptoms and appearances; you will therefore not be surprised to hear that its frequent failures prove that it does not possess the power of either one or the other.

In Stamford's case, these principles of treatment were partially carried out. An emetic of sulphate of zinc was first given him, then a mixture of antimony and ipecacuanha. He was directed to drink freely of warm rennet-whey, which, as you know, contains much of the nutritive matter of milk, and is readily taken up by the veins, and absorbed without requiring much effort on the part of the stomach to digest it, and a diet of weak beef-tea and veal broth was ordered for him. This plan of treatment had been commenced when I first saw him, and as he was progressing favourably, I did not alter it. A piece of flannel, soaked in a saturated solution of camphor in spirits of wine—a valuable stimulant by the way—was put round his throat, with very good effect, according to the suggestion of Mr. George, of Kensington, who has lately written a very interesting book on its utility in smallpox. On the 23d, an infusion of cinchona was substituted for the former medicine, and he left the hospital well on the 2d of November. His urine was examined several times during his illness, but on no occasion did it exhibit a trace of albumen.

The next case was that of Clara Glover,

aged five years and a half, who was admitted into Adelaide ward on the 21st of October. She resided in a house in Lower Gardiner Street, which was reported to have been examined and pronounced healthy a few days before by the Sanitary Commission. Her parents had seven children; two of them were lying dead at home when she was brought in, and the other four were sickening, in all probability with the same disease under which she was herself labouring. She looked to be a strong child, and was said to have been very well until the day before, when she began to be very feverish. On the morning of the 21st a scarlet eruption appeared all over her body; her throat was very sore, skin hot, pulse quick, respiration natural, and tongue very red, but she had no alarming or unusual symptom. One grain of tartar-emetic was directed to be given immediately, and afterwards the chlorine mixture, with a gentle aperient; rennet-whey and broth were her drink and diet. Under this treatment she went on very well until the 23d, when she appeared languid, her pulse feeble, her eyes sunken, and her colour of a somewhat leaden hue, and the eruption paler than it had been; but she had no cough, movement of the alæ nasi, difficulty of breathing, nor other symptom to show that the lungs were becoming diseased. Under the impression that she was sinking, and wanted support, wine was given her, with arrowroot, and her throat was sponged internally with a stimulating gargle. On the next day (Sunday) she was still more depressed when I visited her. I gave her immediately some warm wine; but after swallowing a few teaspoonfuls, ap parently with pleasure, she turned her eyes up as if going to have a fit, and expired That was the fourth day after the eruption had appeared. Many of the gentlemen now present saw the *post-mortem* examination. No doubt you noticed that the arytenoid cartilages were in such close apposition that air could not pass between them, and therefore you must feel convinced that this child died from suffocation; the trachea and bronchi were healthy, but here and there throughout the lungs were portions congested with blood; the head was not examined; the heart and kidneys were natural.

The important question in reference to other cases in which similar symptoms may hereafter be observed is: Had the state of the lungs been superinduced by the narrowing of the opening into the trachea, or had that been caused by the congestion of the lungs? On the former supposition, tracheotomy might have saved this child's life; on the latter, that operation would have been useless, and active measures to relieve the lungs might have been attended with a similar result. The progress and termination of the next case show which of these diseased states was probably the antecedent one, and also what mode of treatment was most likely to be successful.

Henry Walsh, aged eleven years, was admitted into King William ward, from Yalding, early in September, suffering from great difficulty of breathing. His countenance was blue; his respiration loud and wheezing; his chest moved very little during an inspiration, and sounded tympanitic generally, but in some parts a degree of dulness was perceived; loud râles of various kinds were heard over the chest; his heart acted feebly, but its sounds were not unnatural. It was stated that he had had the affection of his breathing from childhood; nauseating medicines were given him, with some relief, and he went on tolerably well until the 20th of October, when he became feverish, skin hot, throat very sore, pulse much accelerated, but his respiration was less difficult than usual. It was then observed that he was covered with a scarlet eruption, and that his tongue was very red; and as a boy in the same ward had just had scarlet fever, it was probable he had taken that disease from him. An emetic was given him immediately; this was followed by the chlorine mixture; warm whey was his drink, and his diet was beef-tea. He went on favourably until the 25th, when he was observed to have the peculiar look which Clara Glover had had when she changed for the worse—a faint expression, sunken eye, and similar colour of his skin; his pulse was very feeble, like hers, and his skin cool, but there was no indication of any increased difficulty of breathing, nor any material or marked physical symptom to show that the state of the lungs was worse than it had previously been; but the similarity of his appearance to that of the child in whom the lungs had been found congested, induced me to believe that he was labouring under a similar affection. Under this persuasion, I gave him one grain of tartar-emetic every four hours, and directed that wine or brandy should be ad-

ministered, lest that medicine should lower him too much. Next day (Oct. 26) he was visibly better; the sunken eye and depressed expression of countenance had disappeared; his nervous energy was increased; his pulse was stronger and skin warmer; his colour was bluish. I then directed the tartar-emetic to be given only when his breathing became difficult; he took it twice in the next twenty-four hours. This plan of treatment was continued for a few days. On the 1st of November he appeared to be suffering less, and in every way better than he had been on his admission; the wheezing not so loud, and the râles fainter; and he is now as well as usual. His urine had not exhibited any traces of albumen throughout the course of his disease.

The similarity of this boy's general appearance and symptoms, on the 25th, to Clara Glover's, on the 23d—the days on which they respectively became worse—made it more than probable that the same cause had produced them. That this cause was congestion of the lungs was made all but certain by the detection of that morbid condition at the *post-mortem* examination of the girl; by the beneficial action on the boy of medicine known to be specially useful in such cases; by the absence, in both cases, of stridulous breathing, and the other characteristic signs which invariably accompany contraction of the orifice of the trachea; and, in the girl's case, of any long-standing alteration of structure which could have caused sudden death. The state of the lungs, therefore, could not have been induced, in either case, by the approximation of the arytenoid cartilages, or any contraction of the opening into the air-passages, for no symptoms of either was ever observed in the boy, nor, indeed, in the girl; it must therefore have been the antecedent affection.

In cases such as these tracheotomy could not have been useful, and the only measures likely to prove so must be such as would assist in the removal of the congestion. But you will naturally inquire why the diseased condition of the lungs was not detected at its commencement? The answer is, that there was no visible disturbance of the respiratory functions to attract our attention. Organic affections of the lungs are known to be amongst the sequelæ of scarlet fever, but are not expected to occur at the early stage of it; we were not, therefore, on the watch for them; for these reasons, we did not make, in the girl's case, that minute examination of her chest which would have been necessary to detect the slight degree of congestion which existed in her lungs, and which could not have caused death had there been no accompanying fever, and it was overlooked. In the boy's case, we were put on our guard by what we had detected in the girl, and consequently made a proper examination of his chest, discovered the state, and administered remedies, which, as you saw, restored him from an apparently dying condition. In typhus fever of a certain type, this form of congestion, unaccompanied by any difficulty of breathing complained of by the patient, or visible to the eye, is known to be a common occurrence; we are therefore always on the watch for the very first symptoms of it. But not so in scarlet fever; for death in the early stage of it—that is, soon after the appearance of the eruption—is supposed to be caused by the shock given to the system by a poison; if it occur at a later period of the same stage, but before the eruption has disappeared, it is usually attributed to the state of the throat and the depression of the vital powers, which are supposed to be the later effects of the same cause; and it is only after the complaint is over that organic disease of the kidneys, lungs, and bronchi, are believed to occur.

Now, the occurrence of these two cases has led me to suspect that many of those instances in which the state of the throat and debility are supposed to be causing death, it is congestion of the lungs that in reality is doing so, and they are merely its effects or consequences. To confirm or remove this suspicion, I shall request all my medical friends, who have the opportunity of seeing much scarlet fever amongst the poor, to examine the bodies of those who die of that disease; to note the alterations of structure they observe, and the stage at which the signs of their presence were first perceived; and, until statistical inquiries have removed all doubts as to the cause of the peculiar symptoms observed in the last two cases, to try tartar-emetic whenever they present themselves. Meanwhile, the lessons we have to learn are, that in the early stages of other fevers besides typhus, congestion of the lungs may take place, and that, owing to that diminished sensitiveness to the want of air which probably all fevers produce, such a condition may be unaccompanied by

any consciousness of its existence on the part of the patient, or the characteristic rational signs which are always observed when there is no specific fever to mask them ; and therefore that in all fevers we should examine the lungs daily.—*Lancet*, March 26, 1853.

SKETCHES AND ILLUSTRATIONS OF MEDICAL QUACKERY.

Another Forgery by a Quack.—The following is from the *Boston Daily Journal* :—

" Our attention has been called to a certain paragraph credited to the *Boston Journal*, and included among the ' opinions of the press,' appended to the advertisement of a nostrum, called ' Morse's Cordial.' The advertisement, with all its appendages, is published in the *Commonwealth*, and in several New York papers of equivocal standing, and perhaps in other newspapers which we have not seen. Stripped of its most objectionable phraseology, it has also appeared without its appendages in several newspapers of respectable standing in this city.

"The language attributed to the *Journal* in the ' opinions of the press,' is of a character which we should not dare to lay before our readers—and which we are anxious to disclaim. *It is a forgery throughout.* So far from publishing the remarks ascribed to us, *we have positively and repeatedly refused to admit on any terms* the advertisement into our columns, even with its real character glossed over, or to notice it in any way whatever."

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association.—Dr. N. S. Davis, now of Chicago, who certainly gave the first impulse to the movement which resulted in the formation of the American Medical Association, who has constantly laboured to promote its objects, and whose opinions on all subjects involving its success should therefore command a respectful consideration, concludes a review of the proceedings of the last meeting with the following remarks :—

"Let no one imagine, that in making the foregoing strictures on the doings of the last meeting of the Association, I am inclined to find unnecessary fault, or to interpose the slightest obstacle to the prosperity and harmony of that institution. On the contrary, they are called forth by the warmest solicitude for its permanent prosperity and usefulness. It has, during the six brief years of its existence, done much, very much, to create a healthier public sentiment in the profession, to increase the intercourse and friendly feelings among its members, to extend its local organizations, and to excite the feelings of just emulation in the pursuit of science.

"I ardently desire to see it continue to diffuse abroad the same healthful and ennobling influences. While I admit that the present constitutional ratio of representation is *theoretically* unequal, yet it certainly has not, thus far, developed in practice any important abuses. And hence, instead of risking the harmony of diverse interests and feelings by constant attempts at more nice constitutional adjustments, every effort should be made to cultivate a broader liberality, a freer communion of those representing all legitimate interests, and a more patient, diffusive, and energetic spirit of scientific research. And I am fully convinced that these important objects would be more speedily and certainly accomplished, if the Association would appoint fewer committees, exact more prompt and carefully digested reports, and induce all its members to come up to the annual meetings prepared in the true spirit of candor and liberality, to examine every report and paper presented, for the purpose of adding whatever their own experience and observation had furnished in relation thereto. Such a course, pursued in such a spirit, would not only carry the Association onward through a long career of prosperity and usefulness, but would give to all its general recommendations, in relation to medical education and literature, greatly increased effect."

Though we cannot indorse all Dr. Davis's opinions regarding the present constitution, and some of the amendments which have been proposed, we take pleasure in recording our convictions of the entire correctness of the above concluding remarks.

The members of the Association may undoubtedly be far more honourably and profitably employed than in constitution-

mending; and although the present constitution be not free from defects, yet, as the Association has prospered under it for six years, it might continue to do the same for a longer period, if its members, instead of listening to the enemies of the Association, and wasting their time in efforts to discover minute defects in our scheme of organization, would but devote their microscopes and their faculties to enlarge the bounds of our science, to increase the certainty, perfect the efficacy, and augment the usefulness of our art. These are the main objects for which the Association was founded; and unless it can be shown that there is something in its organization calculated to impede the attainment of those aims, a perfect equality of representation may be considered as a secondary matter.

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Philadelphia County Medical Society.—At a meeting of this Society, held April 20, 1853, the following members were elected delegates to the Pennsylvania State Medical Society:—

Drs. Wm. Ashmead, John B. Biddle, Henry Bond, B. H. Coates, Charles F. Bibighaus, Thomas F. Betton, Joseph Carson, D. Francis Condie, J. R. Bryan, Wm. Darrach, G. Emerson, James V. Emlin, George Fox, P. B. Goddard, D. Gilbert, Edward Hallowell, S. L. Hollingsworth, Isaac Hays, N. L. Hatfield, Samuel Jackson, W. Jewell, E. Janvier, A. L. Kennedy, W. H. Klapp, W. L. Knight, John F. Lamb, Wm. Maybury, John K. Mitchell, George W. Norris, A. Naudain, Henry S. Patterson, R. J. Levis, L. Rodman, N. C. Reid, M. B. Smith, A. E. Stocker, L. Turnbull, F. West, J. Warrington, Thomas H. Yardley.

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Review of the Weather in Philadelphia during the month of March, 1853.—Since our last review, the vernal equinox has passed, but without the usual equinoctial storm. The month, like the three preceding winter months, was remarkably mild, the mean temperature being 44.27 hundredths, which is 6 deg. above the mean average temperature of March in this city, and unequalled on our record of 63 years, save in 1845 and 1851, when the mean rose to 44 and 44½; except also, 1842, when the average temperature of the month, according to Pierce, was 47 degrees.

So early as the 8th, in the open grounds, the little crocus was expanding its petals upon the green turf; the rose, the eglantine, and the woodbine had put forth their young shoots; and before the end of the month, the willow tops were fairly green with young foliage; the Ohio buck-eye—Æsculus pallida—had opened its calix, and the magnolia conspicua had covered itself with its showy blossoms.

Snow or rain fell on seven days, eleven were cloudy, and thirteen fair. The whole amount of rain for the month, as recorded at the Pennsylvania Hospital, was 2.46 hundredths inches.

The range of the thermometer was from 20, on the morning of the 15th, to 71 on the afternoon of the 26th, or 51 degrees for the month.

The whole number of deaths, from diseases casualties, and murders, was 730 for the month. By consulting our tabular daily record, it will be seen that the month, though warm, has well preserved its tempestuous character; six times the wind's force is put down at 4, or a strong wind, and four times at 5, a very strong wind. The morning mean force was 1.32 hundredths, the afternoon, 3, giving a mean average force for the month of 2.16, which is high for this city.

The morning of the 12th, was overcast, with a gentle breeze from the N. E.; in the afternoon the wind veered to the N. W., was moderate, and the clouds were broken; the evening was clear, and *without wind.* On going to the street door at 10 P. M., we were surprised at witnessing quite a quick sprinkling of rain; not a cloud was to be seen, and our credulity was taxed—others had professed to have witnessed this phenomenon, but it was new to us. The sprinkling was light, and continued but a few minutes; it was so considerable as to remind us to offer a friend, who was about to depart, an umbrella. Though the phenomenon, as we have said, is not new to science, we know not if any satisfactory explanation has been given, and we record the fact because it pertains to our subject, but without comment.

Again, at one o'clock, on the afternoon of the 20th, a circle, distinct and moderately vivid, was seen about the sun. It was from 40 to 45 degrees in diameter, and continued unimpaired till two o'clock, when it gradually faded, and had quite disappeared at 2½ P. M. The whole heavens were mottled with light clouds (*cirri*), passing quickly from the west, yet the solar circle seemed

not at all disturbed by them. The surface of this great disk, occupying half the space, and about midway between the horizon and the zenith, was *darker*, by several shades, than the heavens without the ring. Ocular spectrum, a bright pea-green, followed by red; the green persistent.

This phenomenon was first seen from a space on the ground open to the west only, the other three sides being well screened or shaded by high brick walls. On going to the house-top for a better view, the irised colors and the darkened disk had disappeared. The circle itself, also, was nearly invisible. In the open street, the view was no better, but on returning to the obscure nook, whence it was first observed, this interesting meteor reappeared with all its distinctness, and all its beauty. P. S.

Days of month.	THERMOMETER.			WIND—COURSE AND FORCE.		REMARKS.
	Sunrise.	2 P. M.	Mean.	Sunrise.	2 P. M.	
1	40	38	39	E. 1.	N. E. 3	Fog, rain after 8 A. M., all day.
2	38	47	43½	S. W. 1	W. S. W. 3	Clear, cloudy.
3	25	42	33½	W. by N. 2	N. W. 3	Do. showers last night, fair.
4	32	40	36	S. W. 1	N. E. 2	Overcast, snow, P. M. and evening.
5	30	38	34	N. W. 3	W. 2	Fair, snow 1 inch, clear.
6	27	39	33	S. W. ½	W. S. W. 1	Cloudless, fair.
7	34	47	40½	S. W. 1	S. W. 2	Cloudy, fair.
8	40	54	47	N. W. 1	W. by N. 1	Do. cloudy, sprinkling of rain.
9	46	59	52½	E. N. E. 1	S. S. W. 3	Overcast, light showers.
10	34	48	41	N. W. 1	N. E. 2	Clear.
11	38	41	39½	N. E. 3	N. 3	Snow and rain, rainy day.
12	38	44	41	N. N. E. 2	N. N. W. 2	Overcast, fair, clear, rain without clouds at 10 P. M.
13	44	51	47½	Calm.	N. W. 3	Cloudy, fair, clear.
14	35	44	39½	S. W. 1	W. 5	Clear, fair, clear.
15	20	29	24½	N. W. 4	N. W. 5	Cloudless, clear.
16	24	40	32	S. W. ½	W. S. W. 2	Do. do.
17	32	42	37	S. ½	S. by W. 2	Mist, rain after 12 M.
18	48	62	55	0	W. 5	Dense fog, clear.
19	40	51	45½	W. 2	N. W. 4	Cloudless, clear,
20	39	60	49½	S. W. 1	S. 2	Do. haze, cloudy.
21	48	65	56½	S. S. W. 1	W. 3	Cloudy, fair, clear.
22	52	62	57	N. W. 2	W. S. W. 3	Clear, fair, clear.
23	40	46	43	S. W. ½	S. W. 4	Clear, cloudy, clear.
24	36	44	40	W. 3	W. 4	Fair, cloudy.
25	37	56	46½	S. W. 2	W. 3	Cloudy, clear after 9 A. M.
26	46	71	58½	S. W. 1	S. S. W. 5	Overcast, fair, rain 7 P. M.
27	46	50	48	W. N. W. 2	N. W. 4	Cloudless, cloudy, cloudless.
28	36	50	43	W. by N. 1	W. 4	Clear, cloudy, clear.
29	38	56	47	Calm.	S. W. 3	Cloudless.
30	46	70	58	S. S. W. 2	S. S. W. 4	Overcast, clear.
31	48	62	55	Calm.	S. W. 1	Clear, haze or smoke.
	38.29	50.25	44.27	1.32	3.00	Monthly mean.

Medical Classes, Session 1852-53.

University of Louisville, - -	265
University of Pennsylvania, -	431
Medical College of Ohio, - -	151

Medical Graduates, 1853.

University of Pennsylvania, -	160
Medical College of Ohio, - -	49
College of Phys. and Surg. N. Y.,	53
University of the City of New York,	101
Medical Department of Hampden Sidney College, Richmond, Va ,	26
University of Missouri, - -	26
St. Louis Medical College, - -	33

Hampden Sidney College.—It has been determined to establish a chair of Physiology and Medical Jurisprudence in the Medical Department of this College.

FOREIGN INTELLIGENCE.

Death from Chloroform at University College Hospital.—On Tuesday last, Mr. Wakley held a lengthened inquiry relative to the cause of the death of Caroline Baker, an unmarried woman, aged 28 years, who died in University College Hospital from the

effects of chloroform. The inquest-room was crowded by medical gentlemen, and others anxious to hear the particulars of the catastrophe.—Mr. J. H. Gould, physician's assistant, deposed that on Friday night, the 18th inst., deceased was admitted into the hospital, suffering from sloughing ulceration of the labia and vagina. Mr. Erichsen, one of the surgeons to the hospital, directed Mr. White, the acting house-surgeon, to apply nitric acid to the sores. Accordingly, on Saturday morning, Mr. Gould, the physician's assistant, and Mr. White, proceeded to prepare the patient for the application of the acid; Mr. White, as is the custom on such occasions, first administering chloroform to the patient, Mr. Gould being in readiness to apply the acid. The chloroform, supposed in the first instance to be about a drachm, was poured on lint about five inches square, and folded four or five times over. After a short time, the patient became restless, talked loudly, and threw about her arms. Soon afterwards, a partial relaxation of the limbs took place, and she became insensible and pulseless. Witness, fearing a fatal result, sent for Mr. Clover, the resident medical officer. Artificial respiration was kept up, galvanism applied, and everything done to resuscitate her, but in vain, as she sank and died. Mr. Clover corroborated the previous witness, and stated that, although not a qualified practitioner, Mr. White was fully capable of administering chloroform, and that he had only followed the usual practice on such occasions. During four years, chloroform had been applied in 1600 instances in University College Hospital, with but one fatal case occurring. The quantity of chloroform administered was at the option of the operator, and generally averaged from half a drachm to a drachm at the commencement. Professor Erichsen performed the autopsy, and found a fatty degeneration of the heart, and also that death was produced by a paralysis of the heart, from the influence of chloroform. The unfortunate affair was purely an accident, for which no one was to blame. Dr. R. Quain concurred in Professor Erichsen's opinion, and added, that portions of the heart having been handed to him by that gentleman for examination under the microscope, he had found that organ, particularly on the right side, in a state of fatty degeneration. The coroner summed up, and commented on the great caution that should be used in the administration of chloroform. The jury retired, and, after a brief deliberation, returned a verdict, "that the death was caused by paralysis of the heart, produced by the influence of chloroform, casually, accidentally, and by misfortune." The foreman stated, that it was the unanimous opinion of the jury, that a medical gentleman of experience should always be present when chloroform was administered; and M. Erichsen promised that on all future occasions the recommendation should receive every attention.—*Lancet*, March 26, 1853.

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Treatment of Irreducible Hernia.—For fifteen years past, Mr. B. B. Cooper has endeavored, and in many instances successfully, to reduce irreducible hernia by a long-continued recumbent position, a strict system of diet, the use of purgative and lowering medicines, the application of cold to the tumour, and the frequent employment of gentle taxis; and now he recurs to the subject and collects a number of cases, because other claims to this method have recently been urged in a French periodical. Of these cases the following will serve as examples:—

"In 1837 (writes Mr. Cooper), a gentleman named W——, came to my house to consult me respecting his son, a lad of seventeen, who was afflicted with an irreducible congenital hernia, which had become irreducible about two months before he was brought to me. During these two months he had twice suffered severely from obstruction in the descended bowel.

"In this case I attempted to reduce the hernia by the taxis; but failing in this, I adopted the following treatment: I first ordered an enema to empty the lower bowels; then a purgative pill at night, with saline purgative draught in the morning. His bowels were freely opened by these means; but as the hernia still remained irreducible, I ordered that he should keep himself in a recumbent position, with his shoulders raised by pillows, and his thighs bent upon the pelvis, so that the muscles of the abdomen might be perfectly relaxed; ice was frequently applied to the surface of the tumour; he was kept upon very low diet, with the bowels moderately open. This treatment was continued for nineteen days; nothing remarkable occurred during that time; but on the nineteenth day the hernia was reduced almost accidentally by

the hand of the patient himself, who was feeling to ascertain whether the tumor had diminished in size. A truss was at once applied, and from that time I never heard that the hernia had descended again.

"In 1838, a patient was sent to me by Mr. Hutchinson, of Witham, in Essex, with a large irreducible scrotal hernia; it had been irreducible about three months, during which time he had only once or twice suffered from any symptom of intestinal obstruction. The inconvenience arising from the size of the tumour was, however, so great, that he was very anxious to have any operation performed for its reduction. I recommended in this case a plan of treatment exactly similar to that last described; but in addition, as the patient was very plethoric, I ordered that he should first be bled from the arm; but either from fearing the restrictions required in my method, which I had explained to him, or perhaps from some reason connected with his avocation (that of a farmer), he did not at once submit himself to the treatment, although at first he appeared so desirous of doing so. After about three weeks, however, he placed himself under Mr. Hutchinson's care, and adhered to all my directions with the greatest exactness and patience. He lay for fifteen days, and on the evening of the fifteenth, Mr. Hutchinson easily reduced the hernia by gentle taxis. A truss was applied, and there was never afterwards, to my knowledge, any symptom of the hernia again returning.

"My late friend, Dr. Badeley, of Chelmsford, hearing of the result of the treatment in the last case, at the end of the same year sent me an old gentleman, who had had a scrotal hernia for four years. During this time his life had once been in great danger from protracted obstruction of the protruded bowel. I described to Dr. Badeley the treatment I had adopted in Mr. Hutchinson's case. I directed him to keep his patient recumbent, to freely evacuate his bowels, to apply ice to the tumour, and to limit him to very low diet. It was five weeks before the tumour became reducible in this case; it then went up suddenly as the patient was getting up out of a chair, in which he had been sitting whilst his bed was making. In this case, as in the others, a truss was put on at once. and, four years after, the patient told me that the hernia had never returned. I had subsequently a second case of this kind from Dr. Badeley, which was treated upon the same principle, and terminated equally successfully. I have published an account of this case in my *Lectures on Surgery*."—*Ranking's Abstract*, July to Dec., 1852.

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Influence of the Spinal Marrow over the Movements of the Iris.—It has long been known, by the experiments of Pourfour Dupetit, an anatomist of the last century, that the section of the sympathetic nerve in the neck causes a contraction of the pupil on the same side; and Biffi, of Pisa, had shown that by galvanizing the upper extremity of the divided nerve, the dilation of the pupil was produced. Messrs. Budge and Waller have now proved, by actual and well-conducted experiments, that this property of the cervical portion of the great sympathetic corresponds with a portion of the spinal marrow situated between the seventh cervical and second dorsal vertebræ. When this portion of the medulla spinalis is destroyed, the influence of the sympathetic nerve upon the iris ceases; from which circumstance it is inferred that it is the spinal marrow which regulates the movements of the pupil, and that the sympathetic nerve only *transmits* the influence of the spinal marrow upon the iris, without itself having any direct action on that membrane. This appears to be clear from the experiments made by Messrs. Budge and Waller. These researches would also tend to prove that the cervical sympathetic nerve takes its course from the neck to the head, instead of proceeding, as it is thought, from the brain to the chest. It would also appear from these experiments, that the functions of the ganglionic system are not independent, as stated by several authors, but are, like the functions of other nerves, under the influence of the cerebro-spinal axis.—*Lancet*, Feb. 12, 1853.

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Case of Cataract without Operation.—The late Mr. Dalrymple, in his splendid work on the *Pathology of the Human Eye*, makes the following just remarks on this subject.

"As perfect transparency is the normal state of the lens, so an approach of opacity is a deviation from that condition, a disease, and a loss of due nutrition of this complex mechanism. I assert, however, fearlessly, that whenever such opacity has occurred in the lens as shall be unequivocally deter-

mined, though it may be slow in progress, or even arrested for a time, that structure never recovers its former pellucid state. In other words, no medical treatment—no improvement of general health, can restore the lens to its original condition. It is necessary to state this firmly; because patients have been again and again deluded by specious announcements of the cure of cataract without operation. Innumerable specifics have been vaunted: fumigations of prussic acid, of ammonia and ether, electricity, etc., applied with a promise of a certain cure; robbing not only the patients of their money, but also not unfrequently of the chances of success by operation, when they have become blind by the farther progress of the disease."

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Operations for Cancer.—It is stated (*Med. Times and Gazette*, April 2, 1853), that a woman was admitted lately into St. Bartholomew's Hospital under Mr. Stanley's care, with a small cancerous tumour in her breast, which had never given her any pain whatever. A consultation was held, in which Mr. Paget urged, that statistics had proved that the average length of life was less in cases operated on than in others, and that, consequently, the only benefit derivable from excision was the relief of pain. In the present case there was none to relieve; and, seeing that cancers do not unfrequently remain inactive and painless for considerable lengths of time, he judged it better practice not to risk the hastening of the catastrophe by a needless operation, but to wait until it was urgently required in order to secure the comfort of the patient. Mr. Stanley acquiescing in this line of argument, the woman was allowed to return home, with directions to apply again when the tumour got worse.

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Analysis of Laudanum.—In the *Lancet* (March 12, 1853) there is given the results of an analysis of forty-one samples of laudanum obtained from different druggists in London, and which shows how variable in strength that important preparation is. In reading the following table of results, it should be borne in mind:—

1st. That *the specific gravity of the proof spirit* ordered in the *Pharmacœpia* to be employed in the preparation of the tinctura op i is 920.

2d. That *the specific gravity of the tincture* should be about 952.

3d. That, according to the highest authorities, *the percentage of the soluble extract* which should be furnished by the well-prepared and genuine tincture is 5 26.

4th. That one grain of soluble extract of opium should be contained in 19 minims of the tincture.

5th. That the percentage of morphia in opium of the finest quality, according to the most recent analysis, is about 10, and that consequently 135 minims of tincture should contain one grain.

Table of Results.

Samples.	Specific gravity.	Percentage of the soluble portion of the opium employed.	No. of minims that contain 1 grain of the soluble portion of opium.	No. of minims containing 1 grain of morphia.
No. 1	943	5.16	20.5	233
No. 2	939	5.51	19.3	326
No. 3	953	5.22	20.07	141
No. 4	981	3.7	26.9	314.8
No. 5	951	5.5	18.7	136.2
No. 6	947	3.8	27.9	253.4
No. 7	945	5.3	19.5	147.7
No. 8	647	4.4	23.8	218
No. 9	960	4.1	25.34	407
No. 10	944	5.7	18.3	141
No. 11	937	3.1	34.5	311.7
No. 12	948	5.0	21	158
No. 13	962	4.6	22.3	163
No. 14	955	3.9	26.8	200.4
No. 15	962	4.3	23.7	272
No. 16	940	5.16	20.5	208
No. 17	960	4.7	22.1	137
No. 18	1036	21.3	4.5	399
No. 19	945	5.7	18.2	139
No. 20	933	4.4	24	387
No. 21	963	3.6	28.3	344
No. 22	944	7.1	14.9	143.7
No. 23	962	5.07	20.49	153.0
No. 24	964	5.2	19.9	188.3
No. 25	963	4.7	22.08	112.5
No. 26	964	4.2	24.7	150.6
No. 27	953	5.2	20.1	147.4
No. 28	957	5.3	19.7	123.7
No. 29	970	4.5	22.8	524.0
No. 30	965	4.7	22.0	225.1
No. 31	960	4.03	25.8	389.2
No. 32	948	4.8	21.5	137.3
No. 33	948	5.5	19.1	147.0
No. 34	967	6.05	17.8	195.4
No. 35	942	4.6	22.3	302.7
No. 36	967	5.06	20.4	201.1
No. 37	968	5.9	17.5	203.1
No. 38	958	3.6	29.0	205.8
No. 39	965	4.6	22.5	137.3
No. 40	951	4.7	22.3	322.5
No. 41	964	3.9	26.6	237.1

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Psychotheropeia.—Mr. Dendy read a paper on this subject before the Medical Society of London. We quote the commencing passages as the psychological basis of the essay: "When Plato wrote these words, '*Nec totum corpus* (*curabis*) *sine anima*,' he recorded a truth which few pro-

bably will deny, but the principle of which, in the practice of medicine, has been constantly blinked or set aside. This error has been committed, not only from deficient appreciation of the influence of mind, and especially that one of its faculties which we term volition, but also from a notion that the psychologist speaks and writes of intellect as an abstraction, and not as that intimate blending of mind and matter which has laid the basis of modern psychology, and especially of the theory of insanity. What the blood is to a secreting gland, the spirit is to the brain. The gland forms its especial product from the blood; the brain acting with spirit produces mind." While dwelling on the pathological influence of mind on tissue, the author thus traced the course of a simple thought: "The sensations it often induces are those which, if in higher degree, or more permanent, would become symptoms or indications of disorder. What is a chill (as of fear) but a rigor, like that of ague—its cause cardiac congestion? What a throb, but that exalted innervation, which, if protracted, might produce cardiac hypertrophy? What the flush, but that hyperæmic condition which might terminate in inflammation?" The physiological, prophylactic, and therapeutical influence of the mens sana was next referred to, and especially the principle of psychical antagonism, opposing, for instance, the effects of anxiety, fear, melancholy, remorse, etc., by devotion, hope, cheerfulness, self-control, etc. The principle of mesmerism, and its prototypes, was entirely psychical, and should not be blinked by medical philosophers, who thus apathetically permit the mercenary impostor to gain the ascendant. Even the organic functions dependent on special and ganglionic influence may be mentally excited Even peristaltic action, the salivary and spermatic secretions, may be induced by peculiar studies and thoughts. The depressing effects of grief and fear may be influential in checking hemorrhage, or in removing acuta neuralgia, as inflammatory toothache, etc., and the effect of shame, by derivation, in relieving the condition of internal hyperæmia, etc. Mr. Dendy referred to the extraordinary effects of terror in the case of the previously speechless son of Crœsus, who, on the uplifting of an assassin's arm, exclaimed, "Slave! kill not Crœsus," and to others. Hope is not only felt in the heart, but is synchronously the cause of a vigorous circulation. The pulse, respiration, and powers of a soldier during an inglorious retreat were contrasted with those of the victorious pursuers. In the hospital also of a defeated army, the healing process is far more slow and imperfect than in that of the conquerer. The very interesting accounts of scorbutics in Lord Anson's voyage, and the pious fraud of the Prince of Orange at the siege of Breda, were apt illustrations of the effect of confidence and hope. To prove the intense effect of joy, Mr. Dendy related the case of a young lady, who had been long afflicted with complete hysterical aphonia, whose vocal organs were brought for a moment into play by a promise of one of the costly jewels in the Exhibition, if she would pronounce its name. She gained the prize. Mr. Dendy next alluded to that prevalent error of human nature, automania, or wrong notions of self. Several interesting cases were adduced from the author's practice, from De Boismont, etc , as illustrations of the potent effect of diversion or abeyance of the mind as a remedy for maladies which would perfectly resist the materia medica. If the current of morbid innervation be intercepted, the mind would forget the malady, which, according to the theory of Berkeley, would then cease to exist. This is a subject really of practical importance. In allusion to other cases of *maludie imaginaire*, one melancholy instance was mentioned of a medical gentleman under the author's care, in whom, in the intervals of extensive practice, the automania that syphilis was corroding his osseous system, at length terminated in suicide. The notion was perfectly groundless, and *γνωθι σεαυτον* would have saved him. Congested lung, when instinct fails in its duty, must be relieved by voluntary effort; we must not forget to breathe. The consequent collapse of the air-cells will not only increase congestion, but even favour the development of tubercle. By the due expansion of cells, the granule or germ in the pulmonary parenchyma may be subdued and kept down. The cases of Bateman and John Hunter might have formed fatal illustrations, had not the one been almost incessantly roused from slumber, and the other set himself to the voluntary inflation of his lungs. On this principle, sleep may be sometimes perilous in pulmonary disorder, as it withdraws volition. Probably this may have been the *causa mortis* in old asthmatic

persons, who, having long endured a sort of chronic atalectasis, have been discovered dead in their beds. The paper concluded thus: "The basis of my remarks is this proposition--A mere thought instantly induces a physical change, it may be, even in the crasis of the blood. By the directing or averting such thought to or from disordered structure or function, we may constantly avail ourselves of a valuable auxiliary in the practice of our intricate science." —*Med. Times and Gazette*, March 26, 1853.

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Colour-Blindness. —Dr. Wilson, of Edinburgh, in a paper in the *Athenæum*, refers to this subject as having an import ant bearing on the system of railway sig nalling by colours, especially by red and green danger signals. This affection ("Daltonism," *Chromatopseudopsis, Achromatopsia*, etc.), Dr. Wilson considers in three important practical relations: 1. That the affection is much more prevalent than is generally imagined. 2. That red and green, the colours used for danger-signals on our railways, are exactly those which are most frequently confounded with each other by the subjects of colour-blindness. 3. That colour-blindness implies not merely a confusion in distinguishing between two or more colours, but, at least in many cases, an imperfect appreciation or feeble hold of colour altogether as a quality of bodies. Prevost says, that colour-blindness occurs in one male among twenty. Seebeck (in Poggendorff, Annalen, xliii. 177) found five cases among forty youths, in Berlin. Professor Kelland, of the University of Edinburgh, has this session found three examples among 150 students. In four of the cases which had come under Dr. Wilson's notice, none of them could be trusted to distinguish a red signal from a green one; and there was not only false vision of colours, but, in many instances, total colour-blindness—so that the subjects of it doubted as to all colours, and would not swear in a court of justice as to any colour. These facts, in connection with the continually augmenting number of railway accidents occurring, must show the imperative necessity of strict examination being instituted as to the perfect vision of all railway servants.—*Med. Times and Gazette*, April 9, 1853.

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Intramural Interments —In the House of Commons on Friday, in answer to a question put by Mr. Whalley, Lord Palmerston said the Government was impressed with the importance of carrying into effect the act of last year, and he had given instructions by which a member of the Board of Health was inspecting, one after another, all the graveyards of the metropolis. In proportion as the reports were received, he should take the necessary steps under the Act for obtaining orders in Council for shutting up the graveyards that were reported to be unfit for farther use. (Hear, hear.) Judging of the future from the past, he should expect that in a very short period all the graveyards would be closed. (Hear, hear.) In regard to similar measures for the country, there was at present no power vested in the Government for that purpose; but it would require consideration whether, in the course of the session, it would or would not be expedient to ask for any similar powers for the country. (Hear, hear.)— *Med. Times and Gazette*, April 2, 1853.

[When shall we see the public in this country roused to the importance of taking measures to prevent the injury to health and sacrifice of life, caused by the noisome atmosphere of over-crowded burial grounds in large cities. We are allowing in this country this nuisance to grow up and to increase until it shall become no longer bearable; and then a reform which would now be effected for comparatively a trifling sum, will cost an immense sum to accomplish. The subject of prohibiting interment within the city of Philadelphia, was brought before councils a year or two ago, but the opposition of a few persons interested in the continuance of the nuisance, prevented the measure being consummated. We trust some of our philanthropists will awake to the importance of this measure, and not rest until they have brought about a reform.]

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Duty of Medical Men.—Dr. Todd, in his farewell address on resigning his professorship, made the following remarks:—

"It appears to me, that when a man proposes to devote himself to the practice of an honourable profession, he has a twofold duty to perform; first, to fit himself to the utmost of his ability for the practical duties of that profession; and, secondly, having done so, it is incumbent on him to divest himself as far as possible of every engagement which may interfere with his bending

his thoughts and attention to the various anxious, difficult, and often perplexing questions which are continually arising in the course of his professional practice. Every member of a liberal profession should keep it constantly in view that he exercises his calling not simply for his own personal benefit, but for the public good, and for the good of his profession at large. So every practising physician or surgeon, whether the sphere of his labour be within wide or narrow limits, should bear in mind that in the successful application of his art, by fair, honourable, and truthful means, is involved the repute and estimation in which his profession is held by the public at large. Let each of us act under the feeling, that to himself specially is committed the keeping of the honourable character and the scientific credit of our common profession, and he will have the strongest motives, not only to eschew everything that savours of charlatanical pretence, but to seek for and insure the highest means of moral and intellectual culture.—*Med. Times and Gazette*, March 26, 1853.

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Neuralgia.—Cazenave (*Rev. Med. Chir.*) recommends in facial neuralgia, an ointment composed of chloroform 20 parts, prussiate of potash 10 parts, and lard 60 parts; a piece the size of a walnut to be rubbed over the painful part. An oiled silk cap is then to be worn for some hours.

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Ovarian Cysts.—M. Duplay (*Archiv. Gen.*, Feb. 1853) relates a case in which an ovarian tumour was tapped, 16½ litres of fluid drawn off, and 250 grammes of a fluid (composition: water 100 parts, alcohol 50, iodine 5, iodide of potassium 5,) were thrown into the cyst, and then made to issue out again through the canula, by pressure; all but 2 grammes were discharged. Some sharp pain and fever followed; but in three days all unfavourable symptoms disappeared, and the patient up to the date of report (exact time not given) had continued well.

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Phlegmon.—Polli (*Gaz. Tosc.* 1, 1852) confirms the statements of Bellini, as to the abortive cure of subinflammatory swellings of the skin and subcutaneous cellular tissue by the application of a few drops of liquor ammoniæ. In syphilitic bubo, this method is also useful.—*B. and F. Med. Chir. Rev.* April, 1853.

Convulsions, Puerperal.—Mr. Bolton (*Lancet*, Jan. 29) relates a case in which severe puerperal convulsions, coming on immediately before labour, and unchecked by depletion, were completely arrested by the inhalation of chloroform.

Dr. Holst (*Neue Zt. für Geburtsk.*, vol. xxxii. p. 85), in a bad case of puerperal convulsions, attended with great rigidity of the os uteri, threw up warm water against the os uteri for six minutes, as in Kiwisch's method for bringing on labour. The os speedily dilated, and labour was completed by the forceps.

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Diarrhœa.—Mr. North (*Med. Times and Gaz.*, Feb. 12), in noticing the employment of *dilute sulphuric acid* (in ℥ss. doses every 2 or 3 hours), states that it is in the serous forms, especially when attended with cramps, that it is most useful.

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King's College.—Dr. Todd has resigned the Professorship of Physiology in this Institution, the increasing cares of a very large private practice demanding all his time and attention. It is supposed that Dr. Bowman, who for the last three or four years has held the professorship conjointly with Dr. Todd will be offered the vacant chair.

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Testimonial to Professor Liebig.—It is in contemplation to present an honorary testimonial to Professor Liebig on the occasion of his retirement from the University of Giessen and his appointment at Munich. The committee which has been appointed to carry out this intention, includes most of the scientific celebrities of the present day, and Professor Graham has been appointed the chairman.—*Med. Times and Gazette*, April 2, 1853.

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New Hospital for Contagious Diseases near Rio de Janeiro.—The Emperor of Brazil, solicitous for the welfare of foreigners who frequent the port of the capital, has, by a decree of the 3d of January of the present year, founded, in the neighbourhood of Rio de Janeiro, an hospital, denominated the "Maritime Hospital of St Isabel," in which all seamen and others from on board the vessels that may arrive in the port suffering from any contagious disorder, or suspected of the same, will be accommodated and treated in the best possible manner, free of all expense, except such contributions as

they may be able and willing to make to the establishment.—*Med. Times and Gazette*, March 12, 1853.

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Pereira's Elements of Materia Medica and Therapeutics.—We are happy to see it announced, that the portion of the second volume of this most valuable work, which was left incomplete by its lamented author, will be published during the summer. It will be edited by Dr. Alfred S. Taylor, and Dr. George Owen Rees, from the notes and memoranda of the late Dr. Pereira.

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Accoucheur to the Empress of France.—M. Paul Dubois has been appointed accoucheur to the Empress.

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Obituary Record.—We record with profound regret the death of Robert James Graves, of Dublin, which took place on the 20th of March, in the fifty-seventh year of his age. Dr. Graves was one of the brightest ornaments of the Dublin School, and his labors had made his name as familiar in America as it was in Ireland.

Dr. Graves was the youngest son of the Rev. Richard Graves, Dean of Ardagh. After having received a very careful preliminary education, he entered as a fellow-commoner in Trinity College, Dublin, and at once evinced abilities of a high order. Among a large number of candidates at a July entrance, he took the first place, and from this time maintained a high status in his class, having been a "double first" man almost in his entire undergraduate course. With two exceptions, he obtained the first prize in classics and science at every examination, and having put in every term examination, and obtained a *valdè in omnibus*, he thus entitled himself to, and received a gold medal, on taking his degree of Bachelor in Arts.

Having determined to devote himself to medicine, Mr. Graves commenced his professional studies in Dublin, and laboured with equal zeal and industry in the acquirement of medical knowledge, as he had done previously in his university career.

Having graduated in medicine, he took the wise determination of visiting some of the chief schools of Europe, and of thus extending the education he had received at home by familiarizing himself with the modes of observation pursued elsewhere. After a short stay in London, where he studied under Sir William Blizard and Dr. Robinson, he spent three years in visiting the chief Continental Schools, among which may be mentioned those of Berlin, Gottingen, Hamburg, Copenhagen, etc. Among the distinguished teachers with whom Dr. Graves was now brought into contact, were Hufeland and Behrend, under whom he acquired that taste for the clinical study of disease, and the cultivation of pathology, which so strongly marked his subsequent career, and so characterize his writings

In the year 1821, Dr. Graves settled in Dublin, and having succeeded, in conjunction with some other surgeons and physicians, in establishing a private school of medicine, and having also been elected one of the physicians of the Meath, entered with great energy and zeal on the arduous career of a medical teacher. The school of which he was one of the founders, known as the Park-street School (now the site of St. Mark's Ophthalmic Hospital), rapidly acquired a very high character. Here he first taught medical jurisprudence, subsequently pathological anatomy, but afterwards became associated with Doctor, now Sir Henry Marsh, in the Chair of Practice of Physic. The Meath Hospital, however, was the great theatre of his most important labours.

He here found apt and zealous pupils, and many of the best and most accomplished practitioners now in Ireland, England, the Colonies, and the public service, were then numbered among Dr. Graves's class at the Meath Hospital, and many have lived to acknowledge with pleasure and pride the obligations they owed to his teachings, and the stimulus which his example lent to their exertions. Two among this number must be specially named: Dr. Richard Townsend and Dr. William Stokes, now Regius Professor of Physic in the University of Dublin.

Thus energetically and ardently working and teaching, the example of Dr. Graves at this period exercised the best influence on the medical youth of Dublin. His labours, however, were not confined to those of teaching. From an early period in his medical career he evinced the highest talents for original observation, and the results of his inquiries began to appear in print, and to attract attention, from the masterly style of his delineations of disease, his graphic manner, and the clearness, judgment, and decision with which his views were enunciated.

Dr. William Stokes having graduated in Edinburgh, and having subsequently been appointed Dr. Graves's colleague at the Meath Hospital, these two names are henceforth to be met with together as teachers and fellow-labourers in the field of original research. Under their joint editorship appeared the valuable series of Meath Hospital Reports, which have connected the name of this institution with the progress of Irish medicine during the last thirty years.

In the year 1827, Dr. Graves was elected Professor of the Institutes of Medicine to the King and Queen's College of Physicians in Ireland—a chair which he continued to fill for many years with great distinction.

Independently of the publication of his various detached papers and monographs, Dr. Graves lent valuable assistance to the establishment of a periodical medical literature in Ireland. In the year 1830, the fifth and last volume of the "Dublin Hospital Reports" was committed to his editorship by Dr. Cheyne. Two years subsequently, the *Dublin Journal of Medicol and Chemical Science*, the predecessor of the *Dublin Quarterly Journal of Medicine*, was projected and established by Sir Robert Kane, then a student of Medicine, and a pupil at the Meath Hospital. After the appearance of a few Numbers, Drs. Graves and Stokes became associated in the editorship of the periodical, and Dr. Kane having been soon forced to resign his connection with it by his increasing devotion to chemical inquiry, it continued in the same hands till 1842.

In the original and review department of this journal, Dr. Graves was a large and constant contributor. In the year 1843, appeared the first edition of his "Clinical Lectures on the Practice of Medicine." Of this work, which passed through a second edition, with much careful revision, and the addition of much valuable matter under the hands of Dr. Neligan, in the year 1848, it is quite unnecessary for us to speak. It is well-known to every clinical school in Europe.

As a lecturer, Dr. Graves was distinguished by a force and clearness of language, and an earnestness of manner, which irresistibly commanded attention, while his fine person and noble features won the admiration of his hearers. His style as a writer was at once simple yet nervous, and full of graphic power; and his delineations of disease are among the most successful of modern medical compositions. He was a strenuous advocate of the doctrine of contagion, and vigorously opposed the views advanced with regard to the non-contagious nature of cholera during its last outbreak. He was a firm supporter of the dignity and honour of his profession, and on the only occasion in which he descended into the arena of medical politics, he fought boldly and fearlessly, though unsuccessfully, for the rights of his brother practitioners. During many years, Dr. Graves enjoyed a large and lucrative practice, and was much *recherché* as a consultant. For some time past his health had been only indifferent, and of late he suffered from attacks of atonic gout. His last illness was attended with considerable suffering, the lungs being much congested. He had also violent paroxysmal attacks of cough, which the slightest exertion was sufficient to induce. Symptoms of a purpuric condition of the blood, accompanied by anasarca, were subsequently manifested.

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M. Orfila, the eminent physician and toxicologist, died in Paris on Saturday, the 12th of March, of pneumonia, after a short illness, aged seventy. He had lectured on the 4th in comparative health and spirits, before as numerous an audience as had assembled around him for the last thirty-four years. The funeral obsequies for M. Orfila were performed on the 15th of March last with great pomp, at the church of St. Sulpice. Nearly the whole of the 20th batallion of the National Guard was present, to render military honours to the deceased, as grand officer to the Legion of Honour. The church was crowded, and amongst the congregation were the greater part of the members of the Faculty of Medicine, the Academy of Medicine, and the Academy of Sciences. The eminent men of science never met in greater numbers than on this occasion. Many of the high public functionaries were also present. The cords of the pall were held by MM. P. Dubois, Berard, Dubois d'Amiens, and De Bussy. After the religious service, the body was conveyed to the cemetery of Mount Parnasse, followed by an immense line of mourners.

M. Orfila was by birth a Spaniard, but was naturalized in France in the early part of the reign of Louis Philippe. In 1805, M. Orfila went to sea in a merchant-vessel, and it was intended by his friends that he should

enter the navy, but he had already a strong inclination for the Medical Profession, and suddenly abandoned the sea and went to Valencia to study medicine. As a student he greatly distinguished himself, and carried off the first prize in physics and chemistry. A favourable report having been made of his studies to the Junta of Barcelona, that body resolved to send him to Paris, to study the natural sciences, and a sum of 1500f. per annum was voted to him for that purpose. He went to Paris in 1807, and had hardly been there ten months, when war broke out between France and Spain. He was thus deprived of pecuniary resources for continuing his studies, but he had fortunately an uncle established at Marseilles, who agreed to provide him with 1500f. per annum, until he should obtain the diploma of Doctor in Medicine, when this allowance was to cease. M. Orfila passed a brilliant examination, and obtained his diploma. Having no longer any funds at his command, he opened a course of lectures in chemistry, which was well attended, and furnished him with the means of living. Some of the most eminent men of the present day were among his pupils; among them may be mentioned Jules Cloquet, Beclard. sen., and M. Edwards. The reputation of M. Orfila continued to increase, and, in 1816, he was appointed one of the physicians of Louis XVIII. He was next elected a Professor of the Faculty of Legal Medicine, and, in 1823, he was chosen to fill the Chair of Chemistry. He had already been elected a member of the Academy of Medicine. The Revolution of 1830 opened to M. Orfila a new era of distinctions. He was successively elected Dean of the Faculty, member of the Council-General of Hospitals, and member of the Council-General of the Department. After he had received his letters of naturalization, he was appointed a member of the Council of Public Instruction, and was successively named chevalier, and officer and commander of the Legion of Honour. Most traders are aware of the importance attached to the opinions of M. Orfila, in cases of legal medicine. In cases of poisoning, where much depended on the medical evidence, he was invariably called upon by the Courts of Assize. His evidence in the Lafarge case and others created great sensation, and had a decided influence on the juries. The scientific reputation of M. Orfila may be said to have commenced with his *Treatise on Poisons; or, General Toxicology.* The next works published by him, which acquired European reputation, were the *Elements of Legal Medicine,* and *Lessons on Legal Medicine,* which went through several editions; he was also the author of many other works of almost equal celebrity. We may also mention the publication, some years ago, of his Lectures on Organic Chemistry. During the whole of the reign of Louis Philippe, M. Orfila remained at the head of the Faculty of Medicine, but after the revolution of February, the Provisional Government revoked his functions. In the course of his researches into the action of poisons, M. Orfila performed numerous experiments with animals, some of which, from the great suffering that they occasioned, induced a belief among persons who were not personally acquainted with him, that his nature was cruel, This, however, was very far from being the case. He was humane and benevolent, and it was with great pain to himself that he was compelled, in order to make science useful to his fellow-creatures, to perform some of these experiments. In the celebrated Lafarge case, M. Raspail, who was opposed to him, disputed with great energy most of his statements, but without effect; and subsequently the opinion expressed by M. Orfila in opposition to that of M. Raspail, as to the absorption of poisons by the human body after interment, by contact with the earth, to such an extent as to reveal the presence of a quantity which would lead to a supposition that it had been administered during life, has been confirmed by most of the eminent men who have been examined on such questions before Courts of Assize. M. Orfila suffered physically for some time before his death, and had been long a severe mental sufferer from the affliction caused by the illness of his son, who had become epileptic, and so affected in mind that it was found necessary to place him in a maison de santé.

M. Orfila has bequeathed a large scientific Museum to the town of Angers, a place for which he entertained a great affection; and he has also left 120,000 fr. to the Academy of Medicine, to found scientific prizes.—*Lancet and Med. Times and Gazette.*

Died March 4, in Dublin, of a poisoned wound, incurred in an exercise of his duty as physician accoucheur, F. R. Manson, M. D. Aged 32.

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MEDICAL PROGRESS.

Proceedings of the Sixth Meeting of the American Medical Association.

The Association held its sixth annual meeting on Tuesday, May 3, in the city of New York, the President, Dr. Beverley Wellford, of Virginia, in the Chair.

Dr. F. Campbell Stewart, Chairman of the Committee of Arrangements and Reception, before reading the list of delegates, congratulated the Association upon the recurrence of its anniversary. Seven years had elapsed, he said, since the preliminary meeting of the Convention, which recommended the organization of this National Congress assembled here; and, as New Yorkers, the Committee indulged in a feeling of proud satisfaction at the triumphant success which has attended so important a movement, originating in their State. The labours of the learned body had been most arduous, but the result had not disappointed the expectations of the friends of reform and of progress in their profession. Mighty objects were aimed at; important achievements had already been accomplished; and a guarantee was afforded of the eventual fulfilment of the desires of those whose aspirations for the advancement and perfection of medicine led them to propose the formation of this Association, which, representing the whole fraternity throughout our wide-spread country, assembled annually, for scientific discussion, and to consult upon matters pertaining to the general welfare of the entire faculty. The five published volumes of their *Transactions* afforded abundant and conclusive evidence of the zeal by which they were actuated, and the ability which characterized the scientific labours of members.

He concluded by saying: "Your advent has been anxiously looked for, and your colleagues here have been desirous to manifest their appreciation of the cause in which you are engaged, and their estimation of the favour conferred by the Association in selecting this metropolis, as the place for holding the present session," and in the name of the united Profession of New York, we tender you a sincere, hearty, and cordial welcome to our city.

Dr. S. then read a list of the accredited delegates, those present answering to their names, and announced that a majority were present.

[Five hundred and seventy-three members were present, representing one hundred and seventy institutions; thirty States and

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☞ *In no case will this work be sent unless the money is paid in advance.*

Territories, the District of Columbia, the Army and Navy of the United States, and the American Medical Society in Paris, were represented. There was one member by invitation from Syria, and one from Canada West.]

The President then declared the meeting organized, and welcomed the delegates to the city.

The Vice-Presidents and Ex-Presidents of the Association were requested to take their seats on the platform with the President.

On motion, a recess of fifteen minutes was taken to allow the delegates from each State to select one of their number as a committee to nominate officers for the ensuing year.

After the expiration of this period the Association was called to order, when it was announced that the following gentlemen were selected as the Nominating Committee :—

Maine,	Dr. Isaac Lincoln.
New Hampshire,	" J. Crosby.
Vermont,	" E. S. Carr.
Massachusetts,	" A. L. Peirson.
Rhode Island,	" H. Allen.
Connecticut,	" Archibald Welch.
New York,	" Joseph M. Smith.
New Jersey,	" Lewis Condict.
Pennsylvania,	" F. West.
Delaware,	" H. F. Askew.
Maryland,	" Joel Hopkins.
Dist. of Columbia,	" Thomas Miller.
Virginia,	" T. P. Atkinson.
North Carolina,	" J. G. Tull.
South Carolina,	" H. R. Frost.
Georgia,	" H. F. Campbell.
Alabama,	" J. A. English.
Kentucky,	" J. B. Flint.
Ohio,	" R. L. Howard.
Indiana,	" Joseph Somes.
Missouri,	" C. A. Pope.
Michigan,	" H. Taylor.
Iowa,	" J. C. Hughes.
Illinois,	" N. S. Davis.
Tennessee,	" J. B. Linsley.

Dr. Atlee, of Pennsylvania, moved that immediately after the report of the Nominating Committee, the President be called upon to read his address, but, at the request of Dr. Condie, withdrew his motion to allow the reports of the Committee on Publication and of the Treasurer to be read.

Dr. Pope, of Missouri, extended an invitation to the Association to hold their next annual meeting, for 1854, at St. Louis.

Dr. Condie, of Pennsylvania, said he was instructed to invite the Association to hold their next annual meeting in Philadelphia.

Dr. Hays, of Pennsylvania, expressed his regret that he must appear to act in opposition to the expressed wishes of his delegation, but he conceived that the Association were *pledged*, so far as a body like this could be pledged, by the acts of a former meeting, to assemble next year in St. Louis, and he therefore moved that the Committee on Nominations be instructed to report St. Louis as the place for the next annual meeting.

In making this motion, Dr. Hays stated that he wished to be understood as yielding to a postponement merely for a year of the invitation to meet in Philadelphia, and trusted that his disinterestedness now would be remembered next year by his western friends as constituting an additional claim to a favourable consideration of the invitation to meet in Philadelphia in 1855.

Dr. Hays's motion was carried by acclamation.

Dr. Condie, of Pennsylvania, read the report of the Committee on Publication, and of the Treasurer, the reports were accepted and ordered to be printed, and the following resolutions appended to the report of the Committee on Publication, were taken up :—

1. *Resolved*, That the assessment for the present year shall be five dollars.

2. *Resolved*, That the Committee on Publication be authorized to decide upon the terms at which the volume of *Transactions* for the present year shall be furnished to the members of the Association and others, and that it shall be their duty to inform the members of the terms agreed upon by a circular.

3. *Resolved*, That the committee be farther authorized to take such measures in relation to the disposal of copies of the *Transactions* remaining after all such members are supplied as shall comply with the terms set forth in the circular of the committee, as they may deem expedient.

Dr. Condie urged the adoption of the resolutions; they were then separately put and adopted.

Dr. Condie offered the following, which was adopted:—

Resolved, That the Committee on Publi-

cation have power to furnish the Chairman of Committees on Epidemics with extra copies of their reports, respectively, at the expense of the Association—the said extra copies not to exceed one hundred.

The Secretary read communications inviting the Association to visit University Medical College, the collection of Anatomical and Pathological models of Messrs. J. C. & D. Hyatt, the surgical instrument establishment of Mr. Tiemann, and the Bloomingdale Lunatic Asylum.

Dr. F. C. Stewart presented a report, on behalf of the Committee of Arrangements, recommending the admission of Dr. Marshall Hall, of London, Surgeons Mower and Simpson, U. S. A., Surgeons Bache, Pinckney, and Brownell, U. S. N., Drs. Leonard, and Betton, Florida, Hon. Dr. Bartlett, N.Y. Senate, Dr. Harris, California, Dr. Hodder, Canada West, Drs. McIllvaine and Pittman, American Medical Society, Paris, to participate in the proceedings as members by invitation, which report was adopted; and, on motion of Dr. Cox, of Maryland, a committee was appointed to wait on Dr. Marshall Hall, and conduct him to a seat on the platform.

The President then read a long and very able address, reviewing the origin, progress, and benefits achieved by the Association.

On motion of Dr. Hays, of Pennsylvania, it was *Resolved* that the thanks of the meeting be presented to the President, for his elegant, appropriate, and eloquent address, and that a copy be requested for publication in the *Transactions* of the Association.

The Secretary read the following resolution passed by the Medical Society of Virginia, at its meeting on the 7th of April, 1853:—

Resolved, That this Society recommend to the American Medical Association, at its ensuing meeting, to consider the propriety of appointing some distinguished and well qualified chemist (not a practitioner of medicine), whose duty it shall be to analyze the prominent nostrums of the day, as far as may be practicable, and to publish the results of such analysis monthly in the most extensively circulated newspapers of each State in the Union represented in the Association.

Also a communication from the President of the American Medical Society in Paris, appointing Drs. Pittman, Walton, and McIllvaine to attend this meeting.

On motion of Dr. Atlee, the Committee on Publication were authorized to send a full set of the *Transactions* of the Association to the Am. Med. Society in Paris.

The Secretary stated that he had received a communication from Dr. Ramsey, of Georgia, inclosing documents. On inquiry, it was stated that these referred to a personal matter, when, on motion of Dr. Lebby, of South Carolina, they were laid on the table without being read.

Dr. Joseph M. Smith, Chairman of the Committee on Nominations, reported the following officers for the ensuing year:—

For President.—Dr. Jonathan Knight, of Conn.

Vice-Presidents.—Drs. Usher Parsons, of R. I.; Lewis Condict, of N. J.; Henry R. Frost, of S. C.; R. L. Howard, of Ohio.

Secretaries.—Drs. Edward L. Beadle, of N. Y., and Edwin S. Lemoine, of Missouri.

Treasurer.—Dr. D. Francis Condie, of Pennsylvania.

The committee reported St. Louis, Mo., as the place to hold the next annual meeting.

The report was unanimously adopted, and the gentlemen nominated declared the officers for the present year.

On motion, Drs. Gooch, Watson, and Atlee were appointed a Committee to conduct the President elect and other officers to their seats.

Dr. Knight, on taking the Chair, returned thanks for the honour conferred on him.

Dr. Atlee, of Pennsylvania, offered the following resolution, which was unanimously adopted by a rising vote:—

Resolved, That the thanks of the Association be presented to our late President, Dr. Wellford, for the dignified, courteous, and efficient manner in which he has performed the duties of his office.

On motion a vote of thanks was also presented to the retiring Secretary, Dr. Gooch.

On motion of Dr. Hopkins, of Maryland, it was resolved that no member be allowed to speak more than ten minutes on any subject at one time, nor more than twice on the same subject.

Dr. Stewart, on the part of the Committee on Arrangements, suggested that the Association meet each day from 9 to 12 A. M., and from 1 to 4 P. M., which was approved.

Doctor Stewart also read the following *Programme:*—

Tuesday, May 3.—The Association will meet in the Presbyterian Church, Bleecker Street, East of Broadway, and fronting Crosby Street, at 9 o'clock, A. M. Delegates will be received in the evening, at the houses of the following gentlemen :—

Governor Hamilton Fish, Stuyvesant Square, Corner of Second Avenue and Seventeenth Street; Dr. Isaac Wood, 68 East Seventeenth Street; Dr. Willard Parker, 195 Twelfth Street; Dr. G. P. Cammann, 109 Fourteenth Street; Dr. James R. Wood, No. 2 Irving Place, near Fourteenth Street.

Wednesday, May 4.—Evening receptions by the following gentlemen :—

Ex-Mayor A. C. Kingsland, No. 114 Fifth Avenue; Dr. Edward Delafield, No. 2 East Seventeenth Street; Dr. James Anderson, 20 University Place; Dr. William Detmold, 103 Ninth Street; Dr. Isaac E. Taylor, 828 Broadway.

Thursday, May 8.—Delegates are invited to a public dinner, to be given to the Association by the medical profession of the City of N. Y., at Metropolitan Hall, at 7 P. M.

Friday, May 6.—Visit to the State and City Hospitals, and other public Institutions at Staten Island, Randall's Island, Ward's Island, and Blackwell's Island, per Steamboat Hero, from Pier No. 3, North River, near the Battery. The boat will leave punctually at 9 o'clock, A. M. The Association will be entertained by the Governors of the Almhouse, at Blackwell's Island. Evening receptions by the following gentlemen :—

Dr. John C. Cheeseman, 473 Broadway; Dr. John Watson, 117 Tenth Street; Dr. Horace Green, 12 Clinton Place; Dr. Lewis A. Sayre, 705 Broadway.

On motion of Dr. Gooch, the meeting adjourned to 9 A. M., Wednesday.

Wednesday, May 4.—Morning Session.

The Association met at 9 A. M., J. Knight, M. D., President in the chair. There was a large attendance of Delegates.

The Secretary read the minutes, which were adopted.

Dr. Cox, of Maryland, moved for a reconsideration of the vote approving the minutes, to allow of a correction in the Report of Committee of Arrangements, inviting Drs. Pinckney and Bache, U. S. N., to take seats as members by invitation. These gentlemen had a right to sit as delegates from the Army and Navy. Dr. Pinckney has twice represented the naval body in the Convention as delegate, and without any question. As the gentleman was so admitted at Richmond, he would move to have the record altered.

Dr. Stewart explained and read the article of the Constitution which refers to the appointment of delegates. The President stated that in his opinion the Committee of Arrangements had complied with the intent of the article.

Dr. Watson, of New York, stated that delegates from the army and navy had always been received.

The motion to reconsider was put and lost.

Dr. Cox hoped the Association would not take any action that would give offence to the Army and Navy Medical Institutions. He moved that Drs. Pinckney and Bache be received as regular delegates.

Dr. Pinckney, U. S. N., asked to be heard, and claimed his right to a place as a delegate and as a permanent member, having been formerly received as such, and having signed the Constitution.

Dr. F. C. Stewart offered the following as an amendment to Dr. Cox's motion.

"*Resolved*, As the sense of this Association, that under its present Constitution, delegates can be received from the U. S. Army and Navy Medical Staffs, when appointed by the Chiefs of the Army and Navy Medical Bureaus."

The amendment was adopted.

Dr. Stewart, from the Committee of Arrangements, reported the names of several members who had registered themselves since the report of yesterday.

On motion of Dr. Cox, of Maryland, Dr. Borland, of Arkansas, was received as a member by invitation.

On motion, the Secretary proceeded to call up the reports of Special Committees.

Dr. C. D. Meigs, of Philadelphia, presented a report on "Acute and Chronic Diseases of the Neck of the Uterus," with a request that it should be referred to the Committee on Publication, without reading.

The report was accepted and referred.

Dr. Condie, of Pennsylvania, Chairman of Committee on Causes of Tubercular Diseases, stated that in consequence of his duties as Treasurer and Chairman of Com-

mittee on Publication, he had not been able to complete his report.

The Committee had considered the subject very attentively, and the more they did so the more a new light broke upon them, until they began to doubt the orthodoxy of many of the received opinions regarding tuberculosis, its causes, and the proper course of medical treatment to be pursued. An abundance of material was furnished—in fact, the report was almost ready; but he had such onerous duties to perform during the year, that it was utterly impossible for him to put it in proper shape.

On motion of Dr. Atlee (Pa), the explanation was accepted, and the Committee continued to the next session of the Association.

On the part of Dr. Porcher, of South Carolina, Dr. Condie stated that the report of the Committee on "Toxicological and Medicinal Properties of our Cryptogamic Plants," had been handed in, but with the request that it should be left, for farther additions, to the Committee. The Committee was continued.

Dr. G. Emerson, of Pennsylvania, Chairman of Committee on "Agency of the Refrigeration produced through upward radiation of heat, as an exciting cause of Disease," presented his report, which was referred to Committee on Publication, and read an abstract. The sanitary lesson designed to be inculcated in this paper is the importance of guarding against exposure to the refrigerating effects of nocturnal radiation, especially in sickly places, and during epidemic periods. The means of effecting this are shown to be extremely simple, and always at hand, as anything will answer the purpose which may be interposed to cut off exposure to the open sky, and thus prevent "upward radiation."

Dr. H. F. Campbell, of Georgia, presented a report on Typhoid Fever, which was referred to Committee on Publication.

Dr. Campbell said he was not aware, until too late an hour to comply, of the fact that a written synopsis of each report was required by the rules of the Association. If permission were granted, he would make a verbal one, and explain to the Association the views he had taken regarding this class of fever. The permission was granted.

Dr. Campbell said: "I have, sir, little experience in the actual treatment of typhoid fever, as it rarely prevails in the district where I am located. I have therefore given a condensed history of the existing pathology regarding it, set forth by other writers, accompanied with my own opinion that the disease lies and has its origin in the ganglionic system of nerves. If you divide some of the superior branches of these nerves, there is an immediate ecchymosis of the eye differing from the ganglionic congestion observable during typhus fever. I have called attention to the existence and causes of the maculated spots which appear upon the surface in the one variety of fever, and extend through the alimentary canal in the other; and reason that the latter morbid appearances are the result of the diseased ganglionic plexus extending from the superior cervical vertebræ through the vertebral column to the ganglions of the sacrum. In referring typhoid fever to this cause, I have recorded the apparances presented in the pharyngeal plexus, the larynx, œsophagus, stomach, and duodenum (which is separated in a great degree from the influence of the cerebro-spinal system), and I have then pointed out the existence of ulcerations in the lower portion of the ilium, and to a great extent, as a reason for my belief. I have traced the different appearances observed in typhus fever, I have examined the theory of Wood upon the deficiency of fibrine in the blood, and endeavoured to show that typhus and typhoid fevers are quite distinct diseases.

The report, on motion, was referred to the Committee on Publication.

Dr. Atlee, of Pennsylvania, Chairman of Committee on Epidemics in New Jersey, Pennsylvania, Delaware, and Maryland, said that the Committee were unable to report, in consequence of not receiving any communications from gentlemen in these States. The Committee had only received two communications, one from Philadelphia, and one from Franklin County, Pennsylvania. He called upon gentlemen practising in those States to furnish the Committee with the results of their experience.

Prof. Palmer, of Illinois, suggested that Dr. Atlee draw up a resolution requesting medical gentlemen to transmit information.

On motion of Dr. Atlee, it was

Resolved, That the delegates from the different States be requested to designate some gentlemen from the States to which they belong, to co-operate with the Scientific Committees.

Dr. Wellford announced that Dr. Haxall,

of Virginia, Chairman of Committee on Epidemics in Virginia and North Carolina, had resigned, and that Dr. J. F. Peebles, of Virginia, had been appointed to fill his place.

Dr. Cain stated that Dr. Bolling, of Alabama, Chairman of Committee on Epidemics in South Carolina, Georgia, Florida, and Alabama, had resigned as Chairman of that Committee.

Dr. Wellford said that he had also received the resignation, this morning, of Dr. E. H. Barton, of New Orleans, as Chairman of the Committee on the Epidemics of Mississippi, Louisiana, Texas, and Arkansas.

A letter was read from Dr. Mendenhall, of Ohio, Chairman of Committee on the Epidemics of Ohio, Michigan, and Indiana, stating that he had appointed as his associates, Drs. Z. Pitcher, of Michigan, N. Johnson, of Indiana, Tilden, of Ohio, and J. A. Allen, of Michigan, and asking to be continued.

Dr. Worthington Hooker, of Connecticut, Chairman of Committee on Epidemics of New England and New York, asked that the Committee be continued.

Dr. Johnson, of Missouri, stated that Dr. Reyburn, Chairman of Committee on Epidemics of Missouri, Illinois, Iowa, and Wisconsin, requested that his Committee be continued.

Dr. Sutton, of Kentucky presented a report on Epidemics of Tennessee and Kentucky, with an abstract, which latter was read by the Secretary, and the report referred to the Committee on Publication.

Dr. Pitcher, of Michigan, presented a report on the subject of Medical Education, which he was requested to read at length. The report contained many suggestions for the prevention of the spread of quackery, and for the best means of training the medical student. The Committee proposed that all candidates for degrees shall have studied at least three years, and recommend the extension of lecture seasons to six months The Committee repeated their high opinion of the benefits to be derived by students from bedside experience, as superior to lectures and flitting hospital visits, and suggested a supplementary school of practice. They would not discourage medical schools through the country, but foster them as useful, and trust to the private instructor and the hospitals as schools of practice. The Committee asked leave to conclude their report by presenting the following resolutions:—

Resolved, That the Association reaffirm its formerly expressed opinions on the value and importance of general education to the student and practitioner of medicine, and that it would gladly enlarge its rule on this subject, so as to include the Humanities of the schools, and the Natural Sciences.

Resolved, That, in the opinion of this Association, a familiar knowledge of the elements of Medical Science should precede clinical instruction.

Resolved, That, in order to accomplish the latter, the hospitals, when elevated to the rank of schools of practice, and the intelligent private preceptor, are the most efficient instrumentalities to be used for that purpose.

On motion of Dr. Atlee, the report was accepted and the resolutions were adopted.

Dr. Joseph M. Smith, of New York, Chairman of Committee on Prize Essays, reported that the Committee had received fifteen Essays, which they had critically examined, and that they had awarded the two prizes of one hundred dollars each to the Essays bearing the following titles: The first, to the essay entitled, "The Cell—its Physiology, Pathology, and Philosophy," "*Natura in minimis maxima est.*" The second, on the "Surgical Treatment of certain Fibrous Tumours of the Uterus, heretofore considered beyond the Resources of Art," "*Palmam qui meruit ferat.*" On breaking the seals of the accompanying packets it was found that the author of the first was Waldo J. Burnett, M. D., Boston, Mass., and of the second Washington L. Atlee, M. D., Philadelphia.

The Committee also stated that the following named papers are worthy of being honorably mentioned: 1st, on Erysipelatous Fever of the United States; 2d, on Chloroform; 3d, on Subacute Functional Disorders of the Urinary Bladder of Females; and of three papers bearing the names of the authors, they asked that the authors of two of them, viz., Dr. March, of Albany, and Dr. Buck, of New York, be allowed to submit abstracts to the Association.

By request, Dr. Alden March, of New York, then made a verbal abstract of his paper on "Diseases of the Hip Joint;" and, on motion of Dr. A. Smith, he was requested to read the paper during the recess

to-morrow, in Crosby Street Medical College.

Dr. March considers hip disease as produced in the head of the bone by upward and inward pressure, from muscular action, against the acetabulum.

Prof. Palmer, of Chicago, offered the following resolutions, which were adopted:—

Resolved, That this Association earnestly recommend to the local Societies in different portions of our country, to appoint Committees, whose duties it shall be to record the prevalence of epidemics or other diseases, and the general state of health in their respective localities, and to transmit said reports to the Committees of the Society on Epidemics, through the State Societies where they exist.

Resolved, That the Secretaries be reinstructed to secure a wide publicity to the above resolutions, by such means as they may deem proper.

Dr. Atlee, Pa., called the attention of the Association to resolutions passed at the last annual meeting of the Association, for purchasing a suitable stone for the WASHINGTON MONUMENT.

Dr. Blatchford, N. Y., offered the following:—

Resolved, That the suggestions in the President's Address, touching the licensing power, be referred to a Committee of five, of which Dr. Wellford shall be the Chairman, to prepare some plan whereby the subject may be brought fairly before the profession, and, if deemed advisable, that the Legislatures of the several States may be memorialized to carry out the recommendations of this Association; the Committee to report at the next meeting of the Association.

Dr. Garnett, Washington, D. C., offered the following amendment:—

Resolved, That a Committee of five be appointed by the President of this Association to prepare a Memorial to the Legislative bodies of the several States of the Union, praying that a law be passed prohibiting the Faculty of any medical institution which may at present exist, or which may hereafter be established within the limits of said States, from conferring the degree of Doctor of Medicine upon any candidate for graduation who has not previously graduated at some literary institution, or who, upon examination by a competent Board, is not found to possess a good English and Classical education.

Resolved, That regarding the present term of preparatory study adopted by the Medical Colleges of the United States, too limited to enable students of medicine to acquire such a competent knowledge of the profession as should entitle them to receive the degree of Doctor of Medicine, a recommendation be incorporated in said Memorial that some Legislative action be also had upon this subject.

Resolved, That it be the duty of the President and Secretary of this Association, to transmit, through the Executive heads of each State, a copy of said Memorial to their respective Legislative Assemblies, and that a Circular be addressed to the members of the Medical Profession, resident at, or convenient to the seats of Government of the several States, requesting them to use every practicable exertion consistent with the honour, dignity, and good repute of the profession, to procure the passage of a law in accordance with the foregoing resolutions.

On motion of Dr. Cash, of New York, the resolutions and amendment were laid on the table.

On motion, the meeting then took a recess until 1 o'clock P. M.

Afternoon Session, May 4.

The Association met at 1½ o'clock P. M., the President in the Chair. The Secretary read an invitation from Dr. J. H. Griscom, on behalf of the Governors and Medical Staff of the New York Hospital, to visit that Institution.

Dr. Stewart, on the part of the Committee of Arrangements, reported the names of several delegates who had registered their names since last report; and also a recommendation that Dr. Robert R. Kalley, of Beyroot, Syria, Dr. James G. Cooper, Washington Territory, and Dr. H. Williams, from Southern Illinois, be invited to seats as members by invitation. The recommendation was on motion adopted.

The following resolutions, offered by Dr. Charles A. Lee, a permanent member, were read in his absence by the Secretary:—

Resolved, As the sense of this Association, that those Medical Colleges which give two courses of lectures annually, each of which counts as a separate course, have virtually violated and forfeited their charters, which

do not contemplate but one annual session (thus making two Colleges out of one).

Resolved, That the practice in question is calculated to lower the standard of attainment in the profession, and subjects those who countenance it to the imputation of acting from mercenary motives.

Resolved, That no delegates shall hereafter be received by this Association from any Medical Schools which give two courses of lectures annually, each of which counts towards a degree.

On motion of Dr. Atlee, of Pennsylvania, the resolutions were laid on the table.

Dr. Stewart read the following resolutions, offered by Dr. Stephen W. Williams, of Massachusetts, a permanent member, not present:—

Resolved, That the thanks of this Association be presented to Dr. Winslow Lewis, of Boston, a member of the Massachusetts Legislature, for the bill which he has presented and endeavoured to sustain, providing that "no druggist, apothecary, or person engaged in manufacturing medicines, or compounds to be administered as medicines (except such as are published in standard works of chemistry, materia medica, or pharmacopœia), shall offer the same for sale in any way, till he has filed a complete recipe in English, sworn to before a legal authority constituted for such purpose."

Resolved, That a Committee be appointed by this Association for the purpose of petitioning Congress and State Legislatures to enact regulations and laws similar to the above.

The resolutions were adopted, and Dr. James Moultrie, of South Carolina, Dr. S. W. Williams, of Massachusetts, and Dr. W. Hooker, of Connecticut, were appointed the committee.

The following preamble and resolution, sent by Dr. S. W. Williams, were also read:

As we are constantly called upon to deplore the ravages of death among the illustrious and worthy members of our profession throughout the United States,

Resolved, That a Standing Committee be appointed by this Association to procure memorials of the eminent and worthy dead among the distinguished physicians of our country, both within and without the pale of the Association, and present them to this Association for publication in their *Transactions*.

Dr. Cox, Md., offered an amendment, not confining the memoirs to distinguished members of the Association.

Dr. Morgan, of Washington, thought the Association would not be able to meet the increased expense such an addition to their *Transactions* would cause. He moved to lay on the table, which was carried.

Dr. G. Buck, of New York, read his paper on the "Surgical Treatment of Morbid Growths in the Larynx," illustrating a case which had been under his care by means of the specimen and a wax model.

On motion, the paper was referred to the Committee on Publication.

Dr. J. K. Mitchell, of Pennsylvania, called the attention of the Association to the various difficulties and grievances under which the physicians and surgeons in the Navy laboured, and recommended the Convention to take some measures for their relief. He concluded by presenting the following preamble and resolution, which, after discussion, were adopted:—

Whereas, the claim of naval medical officers to defined rank, assimilated with the grades of officers of the line of the navy, has not yet been decided upon by Congress, therefore,

Resolved, That the President of this meeting appoint a Committee of three, which is hereby instructed to communicate to Congress, through the presiding officer of each House, at the commencement of the next session, an expression of the interest felt by the American Medical Association of the United States for their professional brethren employed in the Navy, as set forth in the resolutions unanimously adopted at several sessions of this body.

Dr. Jackson, of Philadelphia, seconded the resolution.

The President stated that the bill had passed one branch of our National Legislature, but was lost in the other house.

Dr. Pinckney, U. S. N., made a statement of the action had in the National Legislature.

The Committee appointed consisted of the President, Dr. Mitchell, of Pennsylvania, and Dr. Stevens, of New York.

The following resolution was presented by Dr. Charles Hooker, of Connecticut, and adopted unanimously:—

Resolved, That the delegates from the several States be requested to appoint Committees, who shall aid the Committee of Publication in procuring subscribers, and in

distributing the Annual *Transactions* of this Association.

Dr. Condie moved that the Committee on Nominations be instructed to nominate the several Standing Committees, as far as may be necessary; to report to-morrow. Adopted.

Dr. Bolton, of Virginia, presented the following resolution:—

Resolved, That the medical department of the University of Michigan, by its co-operation with the efforts of this body, to elevate the standard of medical education, especially in regard to its preliminary studies, and an extended term of instruction, has entitled itself to our warm commendation, and hearty support.

Dr. Cox, in reply to the above resolution, said he did not wish to cast the slightest imputation upon any school, neither did he desire to make invidious distinctions between any schools. He hoped that no such action would be taken as that proposed by the resolution,

Dr. W. Hooker said, in regard to this resolution, he believed that the University of Michigan had a high vocation in promoting the teaching of medical science in this country; but he thought they would succeed better without the assistance of the Association. It would be to their credit and advantage to keep themselves from competition with the medical faculties throughout the land. If they are capable of performing this high vocation of themselves, then they need no advertisement from the Association.

The resolution was withdrawn.

The President read a letter from Dr. Carnochan, of N. Y., proposing to present before the Association a man who was present, and upon whom he had performed the operation of removing the lower jaw.

On motion of Dr. Burrowes, of Pa., Dr. C. was invited to exhibit the patient after the adjournment of the session.

Dr. Mauran, of Rhode Island, presented a report from Dr. Simons, of South Carolina, Chairman of a Committee appointed by the Association for that purpose, in relation to the necessity of each emigrant-ship being provided with a surgeon, which was read by the Secretary.

The report stated that the proper measures were taken by the Committee, and the matter was presented to the Senate of the United States in May, 1852, and referred to the Committee on Commerce. No farther action was had by the Senate, but the Committee has received every assurance that the measure will have a proper consideration at the next session of Congress. They therefore ask that the Committee be considered as reporting progress, and be continued.

The report was accepted, and the Committee directed to prepare a memorial to Congress.

A report was then presented from Dr. Simons, Chairman of a committee of the Association, to memorialize Congress in accordance with a resolution of Dr. Sutton, of Georgetown, Kentucky, to have the medical statistics of the United States census printed separately, for the use of the medical profession.

The Committee had discharged its duty so far as it was able, but without accomplishing the object desired. The Committee concluded its report by "urging upon the members of the Association the great importance of using their best influence to induce the Legislatures of their respective States to establish a Registration of Births, Marriages, and Deaths, a measure of incalculable value as regards vital statistics."

The report was also accepted, and the Committee requested to prepare a memorial to Congress on the subject.

Dr. Peaslee, of New Hampshire, offered the following preamble and resolution, which he accompanied with a few brief and appropriate remarks:—

Whereas the various systems of irregular practice are encouraged in the regular Medical Colleges, so far as allowing to graduate such as subsequently engage in them; therefore,

Resolved, That it is the duty of the faculties to refuse to admit to examination, for the degree of Doctor, all persons who intend to engage in any other than the regular practice, and to give notice of this in their annual course of lectures.

Dr. Sayre said he thought the resolution was not calculated to effect the object it had in view. The best way, in his opinion, was to withdraw the diploma after it had been given, and in the event of its being used for the advancement of quackery. In conclusion, he moved the following resolution, as an amendment:—

Resolved, That a Committee be appointed to memorialize the several State governments in reference to the subject of diplomas

to medical men, and to petition them, in the name of the Association, for the passage of a law granting to chartered medical colleges the privilege of retracting publicly the diplomas of any of their graduates, when, in the judgment of the medical faculty of the college or school granting such diplomas or certificates, they may have forfeited a right to the same.

A discussion ensued, in which Drs. Hooker, Conn., Atlee, Pa., Peaslee, New Hampshire, and others took part; when

Dr. Gooch moved that the whole subject be laid upon the table, which was adopted.

Dr. Stewart announced that two hundred copies of the *Transactions* of the New York State Medical Society had been forwarded to the Secretary of the Association, for distribution among the delegates from other States.

On motion of Dr. Stevens, of N. Y., the Association adjourned till 9 o'clock to-morrow morning.

Thursday Morning, May 5.

The Association met at 9 A. M., the President, Dr. J. Knight, in the Chair; a large attendance of members.

The Secretary read the minutes, which were approved.

Dr. Joseph M. Smith, New York, Chairman of the Committee on Nominations, requested the Committee to meet at his residence, No. 56 Bleecker Street.

Dr. Stewart, Chairman of Committee on Arrangements, reported the names of several delegates who had registered since last report.

The Secretary read a communication from Robert Kelley, Esq., inviting the Association to visit the House of Refuge for reformation of juvenile delinquents.

Dr. W. Hooker, Connecticut, offered the following resolution, which was adopted:—

Resolved, That a Committee of five be appointed, whose duty it shall be, in compliance with the suggestion of our late President, Dr. Wellford, to report upon plans of organization for State and County Societies, and that the Committee be requested to report, if possible, during the present meeting of the Association.

The resolution was adopted, and the appointment of the Committee referred to the Committee on Nominations.

Dr. Zeigler, of Pennsylvania, offered a preamble and resolutions on the necessity which existed for a more general, systematic, and speedy organization of State and County Medical Societies, together with a plan for such organizations.

Dr. Cash, of New York, moved that the document be referred to the Committee on State and County Medical Societies. Carried.

The Secretary read a notice, requesting delegates from any States which were not represented on the Committee on Nominations to elect representatives, to sit with the Committee at 56 Bleecker Street.

The President declared the reading of reports from Special Committees to be the order of the day.

Dr. N. S. Davis, of Illinois, read an elaborate report on Medical Literature, which was accepted, and referred to Committee on Publication.

Dr. S. Jackson, of Pennsylvania, stated that he had received a paper from a gentleman, not a member, on Electricity, as applied to predictions of meteorological changes. The paper was laid on the table.

Dr. Yandell, of Kentucky, offered the following, which were unanimously adopted by a rising vote:—

Whereas, by the dispensation of an inscrutable Providence, Dr. Daniel Drake has been removed, since the last meeting of this Association, from the scene of his earthly labours,

Resolved, That in the death of Dr. Drake the American Medical Association has lost one of its most honoured members, and the American medical profession one of its brightest ornaments.

Resolved, That his steady devotion to his profession, through a long life, his zeal, activity, and unceasing efforts to advance its interests, afford an example worthy of the imitation of every young physician.

Resolved, That this Association will cherish the memory of Dr. Drake, for his many virtues, and for his labours, which have adorned and elevated our profession.

The President read a resolution, offered by Dr. Cleaveland, of Vermont, calling for the appointment of a Committee to investigate the value of Galvanism as a therapeutic agent; which, on motion of Dr. Gooch, was referred to Committee on Nominations.

Dr. Wellford, of Virginia, stated that the State of Louisiana was not represented, and moved that Dr. Douglass, of Louisiana, who was present, be invited to take his seat as a

member by invitation from that State. Carried.

On motion of Dr. Parker, of Virginia, the resolution offered yesterday, from the Virginia Medical Society, recommending the appointment of a Chemist, and laid on the table, was taken up for consideration

Dr. Parker, of Virginia, offered the following as an amendment:—

Resolved, That this Association recommend Congress to consider the propriety of passing a law compelling all importers of nostrums to state upon all compounds thus imported their true constituents, and in English.

Resolved, That the Secretary be instructed to forward a copy of these resolutions to the Executive of the General Government.

An amendment to strike out all after the word "English," was accepted.

After a discussion by Dr. Bond, of Maryland, Dr. W. Hooker, of Connecticut, Dr. Sayre, of New York, Dr. Cox, of Maryland, Dr. Bolton, of Virginia, Dr. Richards, of Ohio, and Dr. Jackson, of Massachusetts, the resolutions and amendment were laid on the table.

Dr. Condie, of Pennsylvania, offered the following resolution:—

Resolved, That we have heard with sincere regret of the death of our late fellow member, Dr. Isaac Parrish, of Philadelphia, who was distinguished by his early and earnest advocacy of the establishment of this Association, by his ardent interest in its proceedings, and by his valuable contributions to its published proceedings.

Dr. Cox, of Maryland, moved the following:—

Resolved, That in the demise of Dr. William E. Horner, which has occurred since the last annual session of this body, the American Medical Association has lost one of its illustrious and useful members; and the science of medicine an indefatigable student and most distinguished teacher.

Resolved, That the memory of the gifted subject of the resolutions, dear as it must ever be to the lovers of medical science universally, will be especially cherished by this Association, to whose great objects and aims his last efforts were, during life, promptly and liberally bestowed.

Both of these resolutions were adopted by a rising vote.

Dr. Yandell, of Kentucky, presented a report received from Dr. S. D. Gross, of Kentucky, on the results of surgical operations for the relief of malignant diseases, which was referred to the Committee on Publication. Dr. G. read a brief abstract, with the following conclusions:—

From the facts and statements which have now been presented, embracing the opinions of many of the most intelligent, experienced, and distinguished practitioners in different ages, and in different parts of the world, the following conclusions may be legitimately deduced:—

1. That cancerous affections, particularly those of the mammary gland, have always, with a few rare exceptions, been regarded by practitioners as incurable by the knife and escharotics. This opinion, commencing with Hippocrates, the father of medicine, has prevailed from the earliest records of the profession to the present moment. Nature never cures a disease of the kind; nor can this be effected by any medicine or internal remedies known to the profession.

2. That excision, however early and thoroughly executed, is nearly always, in genuine cancer, followed by relapse, at a period varying from a few weeks to several months from the operation.

3. That nearly all practitioners, from the time of Hippocrates to the present day, have been, and are still averse to any operation for the removal of cancerous tumours, after the establishment of ulceration, rapid growth, firm adhesion, organic change in the skin, lymphatic invasion, the cancerous dyscrasy, or serious constitutional derangements, on the ground that, if had recourse to under these circumstances, the malady almost inevitably recurs in a very short time, and frequently destroys the patient more rapidly than when it is permitted to pursue its own course.

4. That in all cases of *acute* carcinoma, or, in other words, in all cases of this disease attended with very rapid development and great bulk of the tumour, extirpation is improper and unjustifiable, inasmuch as it will only tend to expedite the fatal result, which, under such circumstances, always takes place in a very short time.

5. That all operations performed for the removal of encephaloid cancer and its different varieties, are more certainly followed by rapid relapse than operations performed upon scirrhus or hard cancer.

6. That in nearly all the operations for

cancerous diseases hitherto reported, the history has been imperfectly presented, being deficient in the details which are necessary to a complete and thorough understanding of the subject in each case. This remark is particularly true in reference to the diagnosis of the malady, the minute examination of the morbid structure, and the history of the case after the operation, as to the period of relapse, the time and nature of the patient's death, and the result of the *post-mortem* examination.

7. That cancerous affections of the lip and skin, now usually described under the name of cancroid diseases, are less liable to relapse after extirpation than genuine cancerous maladies, or those which are characterized by the existence of the cancer-cell and cancer-juice.

8. That although practitioners have always been aware, from the earliest professional records, of the great liability of cancer to relapse after extirpation, a great majority of them have always been, and still are in favor of operation in the early stage of the disease, especially in schirrus, before the tumour has made much progress, or before there is any disease of the lymphatic ganglions, or evidence of the cancerous cachexy.

9. That many cases of tumours, especially tumours of the breast and testicle, supposed to be cancerous, are in reality not cancerous, but of a benign character, and consequently readily curable by ablation, whether effected by the knife or by escharotics. It is to this circumstance that we must ascribe the astonishing success which is said to have attended the practice of Hill, of Scotland, Nooth, of England, and Flajani, of Italy.

10. That all operations insist upon the most thorough excision possible, removing not merely the diseased mass, but also a portion of the surrounding and apparently healthy tissues, as well as the enlarged and indurated ganglions.

11. That the practice has always prevailed, and still obtains, to save, if possible, a sufficient amount of healthy integument to cover the wound, and, if possible, to unite it by the first intention, on the ground that these precautions will tend much to retard, if not to prevent a recurrence of the disease.

12. That much stress is laid by writers upon a properly regulated diet, and attention to the bowels and secretions after operation, as means of retarding and preventing relapse.

13. That there is no remedy, medicine, or method of treatment, which has the power, so far as we are enabled to judge of its virtues, of preventing the reproduction of the morbid action after operation, no matter how thoroughly it may be performed.

14. That life has occasionally been prolonged, and even saved by operation after relapse, as in some of the remarkable cases mentioned in a previous part of this report; but that, as a general rule, such a procedure is as incompetent to effect a permanent cure as the first extirpation.

Dr. Gooch called up the subject of the graduating pledge, proposed by Dr. Peaslee, of New Hampshire, last evening, and laid over, and proposed the following resolutions:—

Resolved, That this Association earnestly recommends to all the respectable Medical Colleges of the United States to administer to their graduates, previous to their receiving the diploma, some pledge that they will maintain, to the best of their abilities, the honour and dignity of the profession; and that they will forfeit their degrees, whenever they desert the orthodox system of medicine.

Resolved, That the schools be urged not to graduate any man without requiring him to read the National Code of Ethics, and publicly give his consent to abide by it, and that they will reserve to themselves the right to withdraw the diploma, publicly, whenever *the graduating* pledge has been violated.

There were, said Dr. G, two schools which had already adopted such rules. Unfortunately, as things stood, gentlemen were allowed to graduate on payment of their fees, without knowing there was such a thing as a "Code of Ethics" in existence, and permitted to go forth among medical men as their equals in practice. The consequence was, systems of quackery, and want of proper *esprit du corps* among members of the profession, in many instances.

Dr. Garnett, of Washington, spoke to the resolution.

Dr. Atkinson, of Virginia, inquired how the diploma could be withdrawn?

Dr. Gooch replied that the diploma could be always withdrawn, if given under these conditions.

Dr. John H. Phillips, of New Jersey, offered the following amendment:—

Resolved, That it is the duty of all Boards of Examiners, to whom candidates may apply for examination or approval, to admit none but those who give satisfactory evidence of a good preliminary education, and that a regular Course of Medical Practice will afterwards be pursued, and who shall subscribe to the Code of Ethics adopted by this Association.

Dr. Cox, of Maryland, thought the resolution contemplated an extraordinary act of legislation, and there would be great difficulty in applying the principle. The power of revoking a diploma, once given under the legal sanction of a charter, was a dangerous one to be intrusted to any set of men.

Dr. Atkinson, of Virginia, thought that, until the millennium, quackery would exist in the profession to some extent, and it was vain to legislate against it.

On motion of Dr. Sayre, of New York, the Association took a recess for one hour, without disposing of the resolution.

Afternoon Session, May 5.

The Association was called to order at 1½ P. M.

The consideration of Dr. Gooch's resolution, and the amendment thereto, was resumed.

Sundry amendments were proposed by Drs. Carr, of Vermont, Dove, of Virginia, and Stillé, of Pennsylvania, when, on motion of Dr. Gooch, the whole subject was referred to a special Committee of three, to report during the present session.

The President appointed Drs. Gooch, Phillips, and Stillé as Committee.

The following form of Promise was among the documents referred to Committee on Pledge:—

I, A. B., of ——, in the State of ——, do hereby promise, on the honour of a gentleman, that I will conform strictly to the Code of Ethics of this my Alma Mater, in all things pertaining to the practice of my profession; and, when I shall fail to do so, I hereby grant to the Faculty of said School full power and authority to withdraw said Diploma, and all the rights and privileges which it is intended to confer.

Dr. Stewart, on behalf of the Committee of Arrangements, reported the names of delegates who had registered since last report, and recommending to invite Dr. Harvey P. Peet, Institution for Deaf and Dumb, and Dr. W. C. Butler, to take seats in the Association. Accompanying was a letter from Dr. Thomas Spencer, of New York, asking to be allowed to read a paper on the atomic theory of life and vital heat, as applicable to pathology. Dr. S. also stated that Drs. J. H. Griscom and J. L. Phelps, of New York, have applied for permission to read papers before the Association.

The Committee also recommended that, when the Association adjourned, it should be to Saturday morning.

The report was accepted and adopted, except as relates to the time of adjournment.

Dr. Blatchford, of New York, moved to have a resolution, offered yesterday, on the licensing power, with amendments by Dr. Garnett, taken up for consideration.

After discussion by Drs. W. Hooker, of Connecticut, Johnson, of Missouri, and Atlee, of Pennsylvania, on motion of Dr. Atlee, the whole subject was referred to a Committee, to report at the next meeting.

The subject was referred to the following Committee: Drs. Wellford, of Virginia; Samuel Jackson, of Pennsylvania, T. W. Blatchford, of New York; J. B. Johnson, of Missouri; and E. R. Peaslee, of New Hampshire.

Dr. T. W. Blatchford, of New York, proposed the following resolution, which was adopted:—

Resolved, That a committee of five be appointed, of which, Dr. J. O. Edwards, of Ohio, shall be chairman, whose duty it shall be to report on the best mode of preventing the domestic adulteration of drugs. The Chair appointed Dr. Edwards, Drs. Wood and Carson, of Philadelphia, Dr. C. T. Jackson, of Boston, and Dr. J. H. Griscom, of New York.

Dr. Joseph M. Smith, of New York, read the following:—

Report of Committee on Nominations.—The Committee on Nominations, in fulfilling the duty of their appointment, propose to continue most of the Special Committees appointed by the Association, in May, 1851, and May, 1852, and to appoint several new Special Committees. They, therefore submit the following list of Chairmen of Special Committees, with the subjects to them committed:—

1. Dr. D. F. Condie, of Philadelphia, Penn., "On the Causes of Tubercular Disease."

2. Dr. James Jones, of New Orleans,

La., "On the Mutual Relations of Yellow and Bilious Remittent Fever."

3. Dr. R. S. Holmes, of St. Louis, Mo., "On Epidemic Erysipelas."

4. Dr. Geo. B. Wood, of Philadelphia, Penn., "On Diseases of Parasitic Origin."

5. Dr. R. D. Arnold, of Savannah, Ga., "On the Physiological Peculiarities and Diseases of Negroes."

6. Dr. James R. Wood, of New York, "On Statistics of the Operation for the removal of Stone in the Bladder."

7. Dr. F. Peyre Porcher, of Charleston, S. C., "On the Toxicological and Medicinal Properties of our Cryptogamic Plants."

8. Dr. Goodrich A. Wilson, of Virginia, "On Cholera and its Relation to Congestive Fever—their Analogy or Identity."

9. Dr. Worthington Hooker, of Connecticut, "On Epidemics of New England and New York."

10. Dr. John L. Atlee, of Lancaster, Penn., "On Epidemics of New Jersey, Pennsylvania, Delaware, and Maryland."

11. Dr. D. J. Cain, of Charleston, S. C., "On Epidemics of South Carolina, Florida, Georgia, and Alabama."

12. Dr W. L. Sutton, of Georgetown, Ky., "On Epidemics of Tennessee and Kentucky."

13. Dr. Thomas Reyburn, of St. Louis. Mo., "On Epidemics of Missouri, Illinois, Iowa, and Wisconsin."

14. Dr. George Mendenhall, of Cincinnati, Ohio, "On Epidemics of Ohio, Indiana, and Michigan."

15. Dr. E. D. Fenner, of New Orleans, La., "On Epidemics of Mississippi, Louisiana, Texas, and Arkansas."

16. Dr. Chas. A. Lee, of New York, "On Domestic Hygiene."

17. Dr. Daniel Brainard, of Chicago, Ill., "On the Constitutional and Local Treatment of Carcinoma."

18. Dr. N. S. Davis, of Chicago, Ill., "On the Influence of Local Circumstances on the Origin and Prevalence of Typhoid Fever."

19. Dr. Geo. Engelman, of St. Louis, Mo., "On the Influence of Geological Formation on the Character of Disease."

20. Dr. Henry M. Bullitt, of Louisville, Ky., "On the Use and Effect of Applications of Nitrate of Silver to the Throat, either in Local or General Disease."

21. Dr. Robert F. Campbell, of Augusta, Ga., "On the Pathogenic Influence of Feather Beds."

22. Dr. James Bolton, of Richmond, Va., "On the Administration of Anæsthetic Agents during Parturition."

23. Dr. Henry Taylor, of Mount Clemens, Mich, "On Dysentery."

24. Dr. F. Donaldson, of Baltimore, Md., "On the Present and Prospective Value of the Microscope in Disease."

25. Dr. R. L. Howard, of Columbus, Ohio, "On the Pathology and Treatment of Scrofula."

Committee on Plans of Organization for State and County Societies.—Isaac Hays, M. D., of Pennsylvania, Chairman, Worthington Hooker, M. D., of Connecticut; Josiah Andrews, M. D., of Michigan; B. R. Wellford, M. D., of Virginia; A. L. Peirson, M. D., of Massachusetts.

Committee on Medical Literature.—T. S. Bell, M. D., of Kentucky, Chairman; Samuel H. Pennington, M. D., of New Jersey; Ed. H. Parker, M. D., of New Hampshire; William K. Bowling, M. D., of Tennessee; Zina Pitcher, M. D., of Michigan.

Committee on Medical Education.—B. R. Wellford, M. D., of Virginia, Chairman, Resign Lowe, M. D., of Iowa; Lyndon A. Smith, M. D., of New Jersey; Jacob Bigelow, M. D., of Massachusetts; L. A. Dugas, M. D., of Georgia.

Committee on Volunteer Communications.—Drs. C. A. Pope, Thos. Reyburn, John S. Moore, J. B. Johnson, and A. Litton, of St. Louis, Mo.

Committee of Arrangements.—Drs. J. R. Washington, J. S. Moore, S. Pollok, Thos. Reyburn, J. O'Farrar, W. M. McPheeters, C. W. Hempstead, and E. S. Lemoine, of St. Louis, Mo.

Committee on Publications.—Dr. D. F. Condie, Pennsylvania, Chairman; Dr. E. L. Beadle, of New York; Dr. E. S. Lemoine, of Missouri; Dr. I. Hays, Pennsylvania; Dr. A. Stillé, Pennsylvania; Dr. G. Emerson, Pennsylvania; Dr. G. W. Norris, Pennsylvania.

The report was accepted, and the nominations adopted.

On motion of Dr. Watson, of New York, the name of the Committee on Volunteer Communications was changed to that of Committee on Prize Essays.

Dr. Wellford resigned his place as Chairman of Committee on Medical Education,

and the President was authorized to fill the vacancy.

The vacancy was subsequently filled by the appointment of Dr. J. L. Cabell, of the University of Virginia.

On motion of Dr. Atlee, the subject of proposed amendments to the Constitution was taken up, and the original articles, with proposed amendments, read by the Secretary.

Dr. A. H. Stevens, of New York, moved an indefinite postponement of the whole subject of amendments to the Constitution.

Dr. Atkinson, of Virginia, moved to amend the motion so as to except from postponement the amendment proposing to admit delegates from the United States Army and United States Navy.

After some discussion by Drs. Coolidge, of U. S. Army, Bolton and Atkinson, of Virginia, Coventry and Stewart, of New York, the amendment of Dr. Atkinson was adopted. The original motion as amended was then adopted. The section contained in article second, section nine, of the proposed amendments was then adopted; which is as follows:—

Delegates representing the medical staffs of the United States army and navy shall be appointed by the chiefs of the army and navy medical bureaux. The number of delegates so appointed shall be four from the army medical officers, and an equal number from the navy medical officers.

Dr. Bolton, of Virginia, gave notice that at the next meeting of the Association, at St. Louis, he would propose the adoption of the amendments to the Constitution submitted to this Association by the meeting at Richmond last year, and which have been here indefinitely postponed.

Dr. Condie proposed the following resolution, which was adopted:—

Resolved, That the second clause of Article 2 of the Constitution be so amended as to admit the American Medical Society in Paris to representation in this body, upon the same terms as the medical bodies in this country.

Dr. Alfred Stillé, of Pa., Chairman of the Committee to whom was referred sundry memorials touching the course to be pursued by Medical Colleges and other Boards in the examination of candidates and the granting of Diplomas, reported, submitting the following resolutions for adoption:—

Resolved, 1st. That in order to preserve the purity and honour of the Medical Profession, and to place around young practitioners additional safeguards against temptations to do wrong, as well as to draw a more distinct line of separation between true and false physicians, it be, and is hereby recommended, that every graduate in medicine be required to subscribe a pledge to submit to the revocation of his diploma upon conviction of having knowingly violated the Code of Ethics of this Association. 2d. It is also recommended to the several Medical Colleges, and such other Boards as are by law authorized to examine candidates for admission into the Medical Profession, to require from every graduate or licentiate his signature to the Code of Ethics of this Association, and to furnish him with a copy of the same. 3d. It is farther recommended that the formal administration of a pledge, faithfully to observe and keep the said Code, form part of the public exercises of Medical Commencements.

Dr. Palmer, of Chicago, and other delegates opposed that part of the report proposing to clothe Colleges with the power of revoking Diplomas for a breach of the "Code of Ethics."

Several motions were made, and, after some discussion, the Chairman decided on the right of the Committee to withdraw the first resolution, to which objections were made, when the second and third recommendations of the report were adopted.

Dr. Sayre, of New York, moved that the first resolution which had been withdrawn be taken up, and passed as the sense of the Association. It was taken up, and, on motion, referred to the Committee on the Licensing Power, of which Dr. Wellford is Chairman.

Dr. Parker, of Virginia, moved the following, which was adopted:—

Resolved, That the Standing Committee on the Administration of anæsthetic agents in Parturition be instructed to inquire into all cases of death that may be reported as occurring from the use of anæsthetic agents during the present year in the United States, and report to the next meeting of the Association.

Dr. Zeigler, of Pennsylvania, moved the following, which was laid on the table:—

Resolved, That a Committee of three or more be appointed by the President, to devise or consider some comprehensive plan or system by which subjects connected more

especially with Medical Science can be more speedily, systematically, generally, and thoroughly investigated and examined.

On motion of Dr. Roddey, of Virginia, the resolution of Dr. Zeigler was taken up, and referred to a Committee, consisting of Drs. Zeigler, Roddey, and Jackson, of Pennsylvania.

Dr. Campbell of Georgia, submitted a paper on a question of priority in reference to the discovery of the reflex relation subsisting between the cerebro-spinal and sympathetic system of nerves.

Referred to Committee on Publication.

Dr. Miltenberger, of Maryland, offered the following resolution, which was seconded by Dr. Atlee, and unanimously adopted:—

Resolved, That the cordial thanks of the American Medical Association be, and they are hereby tendered to the Committee of Arrangements, the profession, and the citizens generally of New York, for the generous and elegant hospitality extended towards its members during its present session.

Dr. W. Hooker, of Connecticut, proposed a vote of thanks to the officers of the public institutions which had been thrown open for members of the Association during their stay.

Dr. Bolton, of Virginia, moved the thanks of the Association to the Press of this City, for its accurate reports of their proceedings.

Dr. Cox, of Maryland, proposed a vote of thanks to the officers of the Association, for the very able manner in which they have discharged their duties.

The members of the Association were then invited to meet on board the steamboat, at foot of Pier No. 3, to-morrow morning at 9 o'clock, and proceed to visit the public institutions belonging to the City of New York.

The President congratulated members on the close of their deliberations, and expressed his wish that they should have a safe return to their homes, and should all meet at St. Louis next year.

The Association then adjourned *sine die*.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association.—In the initial article in this number, we have given a full account, compiled from official and other reliable sources, of the proceedings of our National Medical Congress during its recent meeting. A considerable portion of the session was occupied in the reading of papers and the reception of reports from committees appointed to investigate subjects of practical and scientific interest. These were all ordered for publication, and will constitute a volume of equal interest and value with any that has preceded it. Comparatively but little time was devoted to the discussion of legislative matters, and no measures of importance of this character were adopted. Attention was called to certain abuses, and plans for their reform submitted; but it was shown on discussion that it was much easier to point out evils, than to devise effectual means for remedying them, and all the projects of that character were either referred to committees to collect information and report at the next meeting, or were laid on the table for future consideration.

We must not omit to do justice to the liberal arrangements made by our brethen of New York for the reception and entertainment of the members of the Association. Their hospitalities were on the most munificent and extensive scale. The great dinner, given at the Metropolitan Hall, the most magnificent saloon in our country, with its splendidly frescoed dome, its spacious floor covered with tables beautifully decorated and bountifully supplied with every luxury that money could purchase, and its galleries filled with ladies, presented the most brilliant spectacle we have ever witnessed. Nothing, indeed, was omitted which the most prodigal hospitality and lavish expenditure could supply for the entertainment of the Association, and to do credit to New York hospitality.

—

The Norwalk Catastrophe.—The adjournment of the late meeting of the Association was immediately succeeded by an awful catastrophe, which has left the Association to deplore the loss of six of its prominent and useful members.

A few days afterwards a meeting of delegates to the late Medical Convention, still remaining in New York, was held at the Bleecker Street Church, for the purpose of expressing the feelings of the Association on the loss of several members of that body by

the late railway catastrophe at Norwalk. Dr. Joseph M. Smith was appointed President of the meeting, and Dr. E. L. Beadle officiated as Secretary. On motion of Dr. Rockwell, a Committee was appointed to prepare suitable resolutions for the occasion. The following gentlemen formed the Committee: J. H. Griscom, N. Y; S. Hanbury Smith, Ohio; P. Claiborne Gooch, Va.; L. A. Smith, N. J.; Theodore Goodloe, Ala.; R. La Roche, Pa.; John Watson, N. Y.

The following preamble and resolutions were read by J. H. Griscom, M. D.

Whereas, amid the wide-spread affliction caused by the recent catastrophe at Norwalk, the members of the American Medical Association, recognizing in this mournful event, the hand of an all-wise Providence, feel called upon to express their grief at the sudden removal from life of Abel L. Pierson, M. D., of Salem, Mass.; Alexander Welch, M. D., of Hartford, Conn.; Josiah Bartlett, M. D., of Stratham, N. H.; Samuel Beach, M. D., of Bridgeport, Conn.; James M. Smith, M. D., and J. H. Gray, M. D., Springfield, Mass., late members of the Association. And, *whereas*, it is the earnest desire of the members, still present in the city of N. Y., to record a suitable expression of their feelings upon an occasion equally unprecedented and distressing; therefore,

Resolved, That the members have received with profound sorrow the lamentable intelligence of the loss which the community, as well as the profession, have sustained by the death of so large a number of the American Medical Association.

Resolved, That as a suitable, though inadequate, external mark of their grief at the sudden demise of friends from whom they had so recently parted, the members of the Association in general are recommended to wear the usual badge of mourning for the space of thirty days.

Resolved, That a Committee of five be appointed to devise some suitable method of commemorating the event and the worth and professional character of our lamented associates, and recommend their plan at the next meeting of the Association.

Resolved, That the members of the Association deeply sympathize with the relatives of the deceased, and that a copy of these resolutions, duly authenticated, be transmitted to their respective families.

The resolutions were adopted by the meeting, and a Committee was appointed to consider the best method of providing some memorial in commemoration of the terrible disaster. The names of the Committee were Joseph M. Smith, M. D., F. C. Stewart, M. D., J. W. G. Clements, M. D., W. Rockwell, M. D., Isaac E. Taylor, M. D., E. L. Beadle, M. D., and John Watson, M. D.

The report of this Committee will be delivered at the next meeting of the Medical Association, which will take place next year, in St. Louis.

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Pennsylvania State Medical Society.— This Society held its annual meeting, in Philadelphia, on the 25th, 26th, and 27th of May. We shall present in our next number an abstract of their proceedings.

—

Review of the Weather for April, 1853.— The weather during the month was pleasant and genial, in an unusual degree; no snow fell, and a few slight frosts only occurred; rains were seasonable, and a westerly wind prevailed 21 out of the 30 days. The mean temperature of the month rose to 54.41, which is more than 3 degrees above the average mean temperature of the fourth month in this place, and more than 7 degrees higher than the mean of the same month last year,

No severe storm has swept our coast, and we have heard less of disaster from this cause than is our wont. Grass lands in this vicinity have seldom worn a more cheering aspect, and the wheat fields and orchards in this and adjacent States are said to give fair promise of fruitfulness.

Thunder showers occurred on the afternoon of the 14th, and again on the morning and evening of the 22d. Some rain fell on 14 days, and 16 days are recorded as clear and fair. The whole fall of rain for the month, as measured at the Penn. Hospital, was 3.83 one-hundredth inches.

The range of the thermometer for the month was from 38 on the morning of the 11th, to 79 on the afternoon of the 29th, or 41 degrees; a temperature much more equable than is usually witnessed in the Fourth month, even in our favoured climate.

The whole number of deaths in the five weeks embraced in the month, was 967; which is a little less than the mortality of the corresponding period of last year. Of

the above number 279, or about 29 per centum, were from consumption, or diseases of the organs of respiration.

In our tabular remarks it will be seen we have noted seven days as smoky. Several other days partook, but less strikingly, of the same character; the air seemed loaded with a dry haze; the sun was red, and shone faintly when near the horizon, much resembling our "Indian Summer," and had also, we suppose, the same cause, viz.: extensive fires in the woods, or the burning of brush in their fields by neighbouring farmers.

The thunder showers of the 14th, already referred to, came up from the N. W., after three days of southerly wind and light rains. The thermometer had gradually risen till 2 P. M. of that day, when it marked 74 degrees. At 3 o'clock the heavens being chiefly covered with that elevated, broken, fair-weather cloud, called *cumulus*, which was floating over rather quickly from the S. W., the thunder cloud came up from the N. W., and spreading rapidly over the firmament, shut out from view the higher stratum of fair-weather clouds. At 6½ P. M.—the thunder cloud having passed over—there was a strong wind from the N. W., and very dark clouds rose in quick succession from that quarter towards the zenith; while the light fleecy cumuli, above referred to, still moving quickly from the S. W., were seen occupying the zenith and the whole southern part of the heavens. P. S.

PHILADELPHIA, *5th mo., 5th*, 1853.

Days of month.	THERMOMETER.			WIND—COURSE AND FORCE.		REMARKS.
	Sunrise.	2 P. M.	Mean.	Sunrise.	2 P. M.	
1	48	61	54½	N. 1	N. 2	Overcast, smoky.
2	44	60	52	N. 3	W. 2	Overcast, clear.
3	42	54	48	E. 2	S. 3	Cloudy, rain 4 P. M.
4	44	48	46	E. 2	N. E. 3	Rainy night and day.
5	43	50	46½	N. W. 5	W. 5	Rainy, fair after 9 A. M.
6	45	60	62½	W. S. W. 2	W. by N. 4	Rain in night, fair.
7	40	55	47½	W. 1	N. W. 2	Clear.
8	45	62	63½	W. ½	S. W. 4	Cloudless, clear, smoky haze.
9	54	68	61	S. W. 4	S. W. 4	Cloudy, fair, smoky.
10	50	54	62	N. W. 3	N. W. 3	Overcast, clear.
11	38	54	46	N. W. 1	S. W. 1	Cloudless, clear, hazy.
12	41	61	51	S. S. W. 2	S. 2	Smoky, cloudy, rain.
13	56	62	59	S. S. W. 2	S. W. 1	Light rain.
14	57	74	65½	Calm. N. W. 4	S. W. 2	" fair, thunder, storm 3 P M.
15	40	56	48		N. W. 3	Clear.
16	45	58	51½	S. by E. ½ N. E. 4	S. S. E. 2	Overcast, clear, overcast, rain 9 P. M.
17	43	48	45½		N. 3	Rain moderate most of day.
18	42	58	50	N. 1	N. W. 2	Cloudless, clear.
19	42	64	53	Calm.	S. W. 2	Fog, clear, cloudy, rain 5½ P. M.
20	54	58	56	S. 2	N. N. W. 3	Overcast, cloudy, clear,
21	50	70	60	N. W. ½	W. 2	Cloudless, fair. clear.
22	52	78	65	S. 3	S. S. W. 3	Thunder showers 6½ A. M. & 6¼ P. M.
23	58	70	64	N. W. 4	N. W. 3	Clear, fair.
24	44	45	44½	N. E. 2	N. E. 3	Rain 3½ A. M., drizzly day.
25	46	51	48½	N. E. 2	E. N. E. 2	Rainy night & A. M.
26	47	63	55	N. 1	N. W. 3	Overcast, clear, 11¼ A. M.
27	46	72	59	Calm.	S. W. 2	Cloudless, white frost.
28	52	78	65	S. W. 1	S. W. 3	Clear, smoky, sun red.
29	56	79	67½	S. W. 1	S. W. 3	Cloudless, cloudy, overcast, smoky.
30	58	72	65	N. 2	N. 2	Cloudy, clear, smoky, sun red.
	47.4	61.43	54.41	1.88	2.63	Monthly mean.

FOREIGN INTELLIGENCE.

Successful Case of Cæsarian Section.—Dr. DECOENE relates the following case of a female, aged 30, upon whom he had once before performed the Cæsarian operation. He saw the patient in the seventh month of pregnancy, November 5, 1852, together with Dr. FRÉDÉRICS. She had then been forty hours in labour; and stated that, on the previous evening, she had experienced a breaking or yielding sensation in the lower part of the abdomen, followed by discharges of blood from the vagina, insensibility, and

sickness. Since that time, both labour-pains and the movements of the child had ceased. The whole abdomen was very tender. Examination *per vaginam* detected a relaxed os uteri, about the size of a dollar; but neither the head nor other part of the child could be felt, although the limbs could be traced through the abdominal walls. Inasmuch as the author concluded that the uterus had given way, and the child had escaped into the abdomen, he determined upon an operation. After making the preliminary incisions, and opening the peritoneum, he came upon a mass of congealed blood, under which was a male infant, with the separated placenta, and the membranes still entire. It was easily removed; then, to the operator's great astonishment, a second child, female, came to view. Both infants were dead. The uterus, which was contracted, exhibited along its front surface a slit, answering to the line of incision of the former operation. No hemorrhage ensued; the abdominal wound was united; and, by November 24, the patient was well.

Sichel observes, in reviewing the above in Schmidt's *Jahrbuch*, that women, who have the good fortune to recover after the performance of the Cæsarian section, appear to be singularly liable to rupture of the uterus along the line of the former incision in every subsequent pregnancy. Kaysen relates six such cases. The giving way of the cicatrix in the earlier months of pregnancy may lead to escape of the ovum, and the development of an extra-uterine growth.—*Medical Times and Gazette*, May 21, 1853.

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The Condition of the Fœtal Circulation in New-born Infants.—Dr. Elsasser, of Stuttgard, after 370 examinations of the fœtal bloodvessels, has arrived at the following conclusions: Of 70 stillborn children, the tubes peculiar to the fœtal circulation were open in 69. In one only, the ductus botalli and the foramen ovale were open and the ductus arantii closed. In 300 children who died soon after birth, 80 out of 108 prematurely born, and living from one to eight days, presented all the passages open; 127 out of 192 infants of the full time had all the passages open, but partly contracted.

The ductus botalli (arteriosus) was open 55 times, and completely closed 10 times; the foramen ovale open 47 times, completely closed 18 times; the ductus arantii (venosus) open 81 times, completely closed 37 times. These facts prove that the vessels peculiar to the fœtal circulation remain open, as a rule, for some time after birth, and that it is not possible to determine accurately by days the period of their closure.

The process of obliteration pursues the following order as regards time: It commences and is often completed in the ductus venosus, before it manifests itself in the other vessels. There are great varieties in the closure of the foramen ovale and ductus arteriosus. The completion of the process is, in by far the greater number of cases, within the first six weeks; and the instances of obliteration of this or that duct before birth, or before four to six weeks after birth, are exceptions, of mostly forensic interest. The ductus arteriosus exhibits the process of obliteration by the wrinkling and swelling of the inner vascular coat, commencing usually at the aortic extremity; most rarely at the pulmonary end. In the ductus venosus, the point of commencement is usually towards the vena cava; sometimes towards the umbilicus; most rarely in the middle. The blood coagulates in the ductus arteriosus; the filling up of the tube evidently comes from the thin, smooth, lining membrane of the vessel; a structure, resembling an adventitious membrane, may be easily peeled of; it is mixed with blood-disks and fibrinous coagula.—*Henle's Zeitsch* 4, 1852.

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New and Important use of the Microscope in Legal Medicine.—Mr. Mercer Adam called the attention of the Edinburgh Physiological Society to a new and important use of the microscope in legal medicine. He remarked that there were few cases in medical jurisprudence more difficult to decide than whether, after a few weeks had elapsed, parturition had occurred recently or at a remote period. In such cases of doubt, where delivery is circumstantially believed to have recently occurred, but where all the physical signs may, with equal propriety, be reckoned evidences of this having been at a remote period, he believed that the detection of colostrum corpuscles in the milk would at once decide the question, and, almost with certainty, prove the delivery to have been recent. In illustration of this, he cited the following case,

which had recently come under his notice. The body of a newly-born child, much decomposed, was found in a moss in the south of Scotland. It was impossible to decide *secundum artem* whether it had been born alive; but it appeared to have been dead for four or five weeks. Proceedings were taken to discover the mother, and suspicion fell on a young woman who was *supposed* to have been secretly delivered about four or five weeks previously; that is, about the same date as the infant was thought to have been exposed. On being arrested on the charge of concealed pregnancy, she said she had had a child a year and a half before, which she had nursed till within three months of her apprehension, and firmly denied having been recently delivered. The two medical men, who were judicially appointed to examine her, came to different decisions, so equivocal were all the signs, as to the period which had elapsed since her delivery. A microscopic examination of her milk was suggested, and it was found to abound in colostric globules. This decided the *questio vexata*, and showed parturition to have lately occurred. The girl, on being told that imposture no longer availed, confessed having recently given birth to a stillborn child, thereby confirming the accuracy of the revelations of the microscope. Mr. Adam considered that, in such cases, the microscope was likely to be as serviceable to the medical jurist as it was in the detection of blood-globules, spermatozoa, &c.—*Month. Journ. Med. Sci.* May, 1853.

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Experiment in the Propagation of Fish.—Dr. Robertson, of Dunkeld, questioning the popular idea as to the natural history of fish, which is, that the male and female meet on the redd or spawning bed for the purpose of each depositing its roe and milt in the channel; and conceiving, on the contrary, that the ova of the female were impregnated previous to their development within the body of the fish—in order to test this theory, took a number of live female trout from the spawning-bed, and, having extracted the roe, deposited them in a perforated zinc box, containing also some gravel. All these, upon the 14th of October last, were placed in a running stream; and, on examining the box last week, several of the ova were found to be hatched of which a specimen may be seen by any one taking an interest in the matter. The proof of this will completely do away with the trouble of obtaining the milt to apply to the roe, as is done by the French fishermen, and establishes a theory strongly advocated by Mr. T. Stoddard. From the severity of the winter, the whole of the ova are not yet hatched, but a sufficiency are, to prove the truth of this theory. We understand that the doctor is preparing a detailed account of the experiment, which will appear soon.—*Med. Times and Gaz.* April 30, 1853.

—

Application of a Curious Physiological Discovery.—M. Roulin has lately speculated on what might be the consequences of administering coloured articles of food to silkworms just before spinning their cocoons. His first experiments were conducted with indigo, which he mixed in certain proportions with the mulberry-leaves serving the worms for food. The result of this treatment was successful; he obtained blue cocoons. Prosecuting still farther his experiments, he sought a red colouring matter, capable of being eaten by the silkworms without injury resulting. He had some difficulty to find such a colouring matter at first, but eventually alighted on the *Bignonia chica*. Small portions of this plant having been added to the mulberry-leaves, the silkworms consumed the mixture, and produced red coloured silk. In this manner the experimenter, who is still prosecuting his researches, hopes to obtain silk as secreted by the worm of many other colours. —*Medical Times and Gazette*, March 5, 1853.

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Cholera at Moscow.—Cholera has made its appearance at Moscow with such virulence, that eight hospitals have been opened there for the reception of patients suffering from that malady.

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To Readers and Correspondents.—Our thanks are offered to Dr. Buckley, Editor of the *New York Medical Times*, for his courtesy in sending us the early sheets of his June number, containing a report of the Proceedings of the American Medical Association.

This number has been delayed two or three days in order to present our readers with a full report of the Proceedings of the American Medical Association.

THE MEDICAL NEWS AND LIBRARY.

VOL. XI. JULY, 1853. No. 127.

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MEDICAL PROGRESS.

Proceedings of the Medical Society of Pennsylvania, at its Annual Session, May 25, 1853.—This Society held its sixth annual meeting in the city of Philadelphia, on Wednesday, May 25, 1853.

At 11 o'clock A. M. the Society was called to order by the President, Hiram Carson, M. D.

On motion, Drs. W. Jewell, J. B. Luden, and P. Cassidy were appointed a committee to examine and verify the credentials of delegates. Eighty-seven delegates were present, representing fourteen counties.

On motion of Dr. Condie, the reading of the minutes of the last session was dispensed with, and the said minutes referred to a committee of three members, to examine and report any unfinished business.

The President appointed Drs. Mayburry, Worthington, and Lamb to said committee.

The roll was called.

The President then read the annual Address.

On motion of Dr. Henry Carpenter, it was

Resolved, That the thanks of the Society be tendered to the President for his eloquent address, and that a copy of the same be requested for publication with the proceedings.

Dr. West presented and read the Treasurer's Report, which was, on motion, referred for examination to a committee of three, consisting of Drs. Burrowes, Wood, and Bibighaus.

Dr. Condie submitted the report of the Committee of Publication, as follows:—

The Committee of Publication beg leave to report that of the *Transactions* of the session of May, 1852, there were printed seven hundred and fifty copies . . 750

That of these were distributed—

To county societies . . .	500	
Sold	14	
Presented to medical journals and public institutions . . .	110	
Lost in transmission . . .	12	
	—	636
Leaving on hand		114

Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage to the subscriber.*

☞ *In no case will this work be sent unless the money is paid in advance.*

The cost of printing, engraving, and colouring maps, and binding, was	$305 00
Postage, and other expenses of committee	3 62½
Entire amount paid by your committee	$308 62½

There has been received from county societies the sum of one hundred and forty-five dollars, viz.:—

Alleghany	$10 00
Berks	10 00
Blair	5 00
Bucks	10 00
Chester	15 00
Cambria	5 00
Delaware	5 00
Erie	5 00
Lancaster	15 00
Mercer	5 00
Montgomery	10 00
Mifflin (for 1851)	5 00
Northampton	5 00
Philadelphia	30 00
Schuylkill	10 00
	$145 00

In addition to which the committee have received—

From the Treasurer	135 96
From Dr. Innes, for extra copies	5 00
From Dr. La Roche, " "	1 00
	$286 96

Which deducted from the amount paid ($308 62½), leaves a balance due the committee of $21 66½.

The assessments on the counties of Huntingdon and Lycoming have been paid to the Treasurer.

The assessments on the following counties remain unpaid:—

Lebanon	$5 00
Mifflin (for 1852)	5 00
Perry	5 00
Susquehanna	5 00
York	5 00
	$25 00

On behalf of the committee.

D. Francis Condie,
Chairman.

On motion of Dr. H. S. Patterson, the report was accepted.

On motion of Dr. Condie, an order was granted on the Treasurer for $21 66½, being the deficiency in the account of the Committee of Publication.

On motion of Dr. Condie, it was

Resolved, That the sessions of the Society be from 10 o'clock A. M. to 1 P. M., and from 4 to 6 o'clock P. M.

On motion of Dr. Atlee, Dr. Burnett, of Massachusetts, was invited to a seat in the Society.

On motion of Dr. Jac[illegible]n, Dr. Spencer, of New York, was invited to a seat in the Society.

Dr. H. Carpenter offered the following, which, on motion, was referred to a committee, consisting of Drs. Condie, Koehler, and Mayburry:—

Resolved, That, under art. vi. sec. 1 of the Constitution, the removal of a member of a county society from his county necessarily dissolves his connection therewith.

Invitations were received to visit the U. S. Mint at 9 o'clock A. M., and the Girard College at 5 o'clock P. M., to-morrow.

Dr. Stocker extended to the delegates an invitation to visit the Institution for the Blind.

On motion, adjourned.

May 25.—*Afternoon Session.*

The Society met at 4 o'clock P. M.

The roll was called, and the minutes of the morning session read and approved.

The President submitted a note from Dr. T. Spencer, presenting to the Society the annual reports of the New York State Medical Society for 1852 and 1853.

On motion of Dr. Worthington, it was

Resolved, That an assessment upon the county societies be directed for the payment of the expenses of this session, and that the Treasurer inform the respective societies, as early as possible, of the amount required from each.

The committee upon the resolution offered by Dr. H. Carpenter, at the morning session, made the following report:—

The committee to whom was referred a resolution presented at this morning's session, declaring that any member removing without the bounds of the county of whose society he is a member, thereby forfeits his membership in said county, beg leave to report—

That by the first section of article vi. of the Constitution of the Society, it is very evident that membership in a county society is restricted expressly to physicians resident

within the county in which said society is located; and by carrying out this restriction, it necessarily follows that when a member of a county society removes without the limits of the county, his membership ceases. This strict construction of the law, were it carried out in practice, would, however, in many cases be productive of inconvenience, and defeat, rather than promote the great objects it is proposed to effect, by bringing within the influence of a systematic organization of the profession every regular physician throughout the State. There are very important reasons why the relationship between a county society and its members should not be severed immediately upon their removal without the limits of the county. This removal may take place to a location remote from any regularly organized medical society; or even should the removal be within the bounds of another county society in our own State, your committee believe that membership should be allowed to continue until an opportunity has been allowed to the members removing to connect themselves with the society of the county in which they locate themselves. Your committee can conceive of a physician residing in a portion of our State where his remoteness from the place of meeting of his own county society, and his proximity to the place of meeting of the medical society of an adjoining county, would absolutely preclude his attending the meetings of the first, while attendance upon the meetings of the latter would be perfectly convenient. Under such circumstances, they can see no good that can result from compelling the physician to connect himself with the society of his own county, which is equivalent to denying his membership altogether. Your committee would therefore recommend that a certain latitude be allowed to county societies in reference to terminating the membership of those who belong to them, when they shall remove without the limits of the county, as well as in regard to the election to membership of physicians residing in their immediate vicinity within a neighbouring county.

Your committee, while on this subject, would respectfully suggest that the State Society recommend to each county society to incorporate in its by-laws a provision to admit to membership any physician who may remove within its bounds, upon the presentation of a certificate, properly authenticated, that he was a member in good standing of the medical society of the county from whence he comes at the period of his removal thence.

D. FRANCIS CONDIE,
JOHN G. KOEHLER,
WM. MAYBURRY.

May 25, 1853.

On motion, the report was laid on the table.

On motion of Dr. Worthington, it was

Resolved, That this Society adhere to a strict construction of the article of the constitution which confines membership in a county society to residents within said county.

Dr. Condie offered the following, which was, on motion, indefinitely postponed:—

Resolved, That this Society recommend to each county society to incorporate in its by-laws a provision to admit to membership any physician who may remove within its bounds, upon the presentation of a certificate, properly authenticated, that he was a member in good standing of the medical society of the county from whence he comes, at the period of his removal thence.

Dr. John P. Hiester submitted the following resolutions, on behalf of the Berks County Medical Society:—

Resolved, That the county societies of this State be urgently requested to appoint annually committees to collect samples of drugs and preparations from the dealers and manufacturers in their respective districts, to be presented to the State Medical Society at its annual sessions.

Resolved, That this Society appoint annually a committee of three to take charge of the said samples, and it shall be their duty to appoint a competent assayer of drugs to examine the same, and give an opinion on their purity and quality; and this opinion shall be presented to the Society, for publication in their *Transactions*.

Resolved, That the amount of expense incurred by the committee in carrying into effect the above resolutions shall be assessed and collected in like manner as is assessed and collected the amount for defraying the expense of publishing the *Transactions*.

On motion of Dr. J. B. Biddle, the resolutions were referred to a committee of three, to report at the next session. The Chair appointed Drs. J. B. Biddle, E. Parry, and J. Carson.

The committee appointed to examine the

accounts of the Treasurer submitted the following:—

The committee appointed to audit the accounts of the Treasurer report as follows:

Cash received by Treasurer	.	$259 51
" paid out by "	.	254 56
Balance on hand	. . .	$4 95

FRANCIS S. BURROWES,
THOMAS WOOD,
CHAS. H. BIBIGHAUS.

On motion, the report was accepted and the committee discharged.

An invitation was received from Dr. B. H. Rand, Secretary of the Academy of Natural Sciences, to visit the collection of that institution.

On motion, the invitation was accepted, and Friday, at 3 o'clock P. M., fixed as the time for said visit.

On motion of Dr. H. Carpenter, a committee of one from each county represented was appointed to nominate officers for the ensuing year. The Chair appointed

Dr. H. Carpenter,	Lancaster	Co'y.
" C. H. Wanner,	Berks	"
" Isaac N. Evans,	Bucks	"
" J. M. Confer,	Blair	"
" George F. Horton,	Bradford	"
" Isaac R. Walker,	Chester	"
" R. K. Smith,	Delaware	"
" J. B. Luden,	Huntingdon	"
" Thomas Wood,	Lycoming	"
" A. Rothrock,	Mifflin	"
" George W. Wimley,	Montgomery	"
" Samuel Sandt,	Northampton	"
" David Gilbert,	Philadelphia	"
" John G. Koehler,	Schuylkill	"

On motion, the presentation of the reports of county societies was made the order of the day for to-morrow (Thursday) morning, immediately after the reading of the minutes.

On motion, the Society adjourned.

Thursday Morning, May 26.

The Society met at 10 o'clock A. M.

The roll was called, and thirty-five members appeared.

The minutes of the afternoon session of yesterday were read and approved.

The sanitary reports of the Berks and Chester County Medical Societies were read, and, on motion of Dr. R. K. Smith, referred to the Committee of Publication.

The President submitted an invitation to visit the Academy of the Fine Arts.

On motion of Dr. H. S. Patterson, the invitation was accepted, and to-day, at one o'clock P. M., fixed as the time for said visit.

The President submitted a note from the Rev. Dr. Ducachet, inviting the members of the Society to visit the monumental statuary recently erected in St. Stephen's Church.

On motion of Dr. H. S. Patterson, the invitation was accepted, and to-morrow (Friday), at one o'clock P. M., fixed as the time for said visit.

The report of the Schuylkill County Medical Society was read, and, on motion, referred to the Committee of Publication, together with an accompanying chart and a letter from P. W. Sheaffer, Esq.

The report of the Delaware County Society was read, and, on motion, referred to the Committee of Publication.

The report of the Lancaster County Society was read, and, on motion, was referred, together with the accompanying geological chart, to the Committee of Publication.

The report of the Blair County Society was read, and, on motion, referred to the Committee of Publication.

The report of the Mifflin County Society was read, and, on motion, referred to the Committee of Publication.

The report of the Huntingdon County Society was read, and, on motion, referred to the Committee of Publication.

Dr. Atlee read a communication in relation to the Committee on Epidemics of the National Medical Association, which was, on motion, referred to the Committee of Publication, to be printed with the minutes.

On motion, adjourned.

Thursday Afternoon, May 26.

The Society met at 4 o'clock P. M.

In the absence of Dr. Patterson, on motion of Dr. Kennedy, Dr. Mayburry was appointed Secretary *pro tem.*

The roll was called, and thirty members appeared.

The minutes of the morning session were read and approved.

Dr. Biddle submitted a paper on vaccination, smallpox, and varioloid, by Dr. J. M. Gemmill, of Huntingdon County, which was read, and, on motion of Dr. Turnbull, referred to the Committee of Publication, as an accompaniment to the report of Huntingdon County.

The report of the Philadelphia County Society was read by its title, and, on motion, referred to the Committee of Publication.

The report of the Susquehanna County Society was read, and, on motion, referred to the Committee of Publication.

On motion, adjourned.

Friday Morning, May 27.

The Society met at 11 o'clock A. M.

The minutes of the afternoon session of yesterday were read and approved.

Dr. Cassidy, from the Committee on Credentials, reported the credentials of the delegates from Cambria County as correct.

The Committee on Unfinished Business made the following report:—

The committee appointed to examine the minutes of the last session of the Society, report the following items of unfinished business, as, in their opinion, claiming attention:—

Item I., pp. 15, 16. Dr. Emerson's resolutions in reference to "the organization of county societies in counties where no such societies as yet exist." County societies are requested to publish the resolutions "one or more times in newspapers having the most extensive circulation in their respective localities."

Item II., p. 16. The Committee on "Gratuitous Public Vaccination" was continued, Dr. G. Emerson chairman.

Item III., pp. 11, 18. Dr. Hays's resolution, appointing a committee to devise a plan for the purpose of obtaining information in relation to epidemics as they prevail over the different zoological formations of the State. The committee consists of Drs. G. Halberstadt, H. Corson, and J. P, Hiester.

Item IV., p. 20. Report of delegates to the American Medical Association.

All of which is respectfully submitted.

Wm. Mayburry,
Wilmer Worthington,
John F. Lamb.

May 26, 1853.

On motion of Dr. H. S. Patterson, the report was accepted, the committee continued, and the committees named by them called on for their respective reports.

On motion of Dr. Burrowes, it was

Resolved, That the next meeting of the Society be held at Pottsville.

The report of the Cambria County Society was read, and, on motion, referred to the Committee of Publication.

The report of the Montgomery County Society was read, and, on motion, referred to the Committee of Publication.

The report of the Bucks County Society was read, and, on motion, referred to the Committee of Publication.

Dr. Walker offered the following, which was adopted:—

Resolved, That it shall be the duty of the Recording Secretaries to transmit to the Chairman of the Committee of Arrangements of the National Medical Association, a correct list of the delegates from this Society, so that it may be received at least one week previous to the meeting of the said Association; and, also, that they shall supply each delegate with a certificate of his appointment.

Dr. West offered the following, which was adopted:—

Resolved, That the Committee of Publication be instructed to prefix to the forthcoming volume of *Transactions* of the Society, a note or statement to the effect that the Medical Society of the State of Pennsylvania does not indorse or sanction the facts or opinions contained in any address or report which may be made to them, or published by their authority.

Dr. R. K. Smith offered the following:—

Resolved, That each County Society be requested to furnish with its annual report to the State Society, a synopsis of its contents; and that said reports shall be read by their titles, a synopsis of their contents stated and referred to the Committee of Publication.

Dr. Emerson offered the following as a substitute for the above:—

Resolved, That each County Society making a report to the State Medical Society (should such manuscript report exceed eight pages of quarto post paper), shall furnish an abstract not to exceed the number of MS. pages mentioned, which abstract shall be read, unless the reading of the entire report is called for.

On motion of Dr. Walker, both the above resolutions were indefinitely postponed.

Dr. Burrowes offered the following, which were unanimously adopted:—

Whereas, Since our last meeting, it has pleased Divine Providence to remove from us our friend and professional brother, Dr.

Samuel Duffield; one who had few superiors as a father, friend, and physician; whom to know was to love; who looked, thought, and spoke always as a gentleman; in whom *cum tristibus severé, cum remissis jucundé*, was not the result of artificial accommodation, and whose removal has left a vacancy not easily filled. Therefore

Resolved, That this Society receives with unfeigned regret the intelligence of the death of their firm friend and professional brother, Dr. Samuel Duffield.

Resolved, That a copy of the above preamble and resolutions be transmitted by the Recording Secretaries to his family, with the expression of our heartfelt sympathy.

Dr. West offered the following, which were unanimously adopted:—

Whereas, Since the last meeting of the Society, it has pleased Almighty God, in his wise Providence, to remove by death from our midst, Dr. Isaac Parrish, a most useful and highly-valued member of the Society; and, whereas, it is due to his memory, as well as useful to those whom he has left behind, to hold up for esteem and imitation his purity of purpose and great integrity of character, both private and professional, as well as the constant devotion and zeal exhibited in his efforts to advance the common cause of medical science, medical education, and medical ethics. Therefore

Resolved, That the members of the Medical Society of the State of Pennsylvania have received, with feelings of unaffected sorrow, the intelligence of the death of Dr. Parrish, which occurred shortly after the last annual session of the Society; and that they desire thus to record their high estimation of his talents and personal worth, as well as their sense of the heavy loss sustained in his death by mourning friends, both in and out of the profession, and by the community at large.

Resolved, That a copy of this preamble and resolution be transmitted by the Secretaries to the family of the late Dr. Parrish, with the assurance of the deep sympathy of the Society in their bereavement.

Dr. H. Carpenter offered the following, which were unanimously adopted:—

Resolved, That the Society deeply regret the decease of its late fellow-member and first President, Dr. Samuel Humes, of Lancaster, for whose moral worth, high professional character, and active zeal in promoting the objects and interests of this organization, the members of the State Medical Society will ever fondly cherish his memory.

Resolved, That the Secretaries are hereby instructed to transmit a copy of the above to the friends of the deceased.

Dr. H. Carpenter, from the Committee on Nominations, made the following report, which was, on motion, accepted, and the persons therein named unanimously declared the officers of the Society for the ensuing year:—

President.—Dr. John P. Hiester, of Berks County.

Vice-Presidents.—Dr. Francis S. Burrowes, Lancaster County; Dr. John H. Gemmill, Huntingdon do.; Dr. Robert K. Smith, Delaware do.; Dr. Jacob M. Confer, Blair do.

Recording Secretaries.—Dr. Henry S. Patterson, Philadelphia County; Dr. Isaac R. Walker, Chester do.

Corresponding Secretary.—Dr. Isaac Hays, Philadelphia County.

Treasurer.—Dr. Francis West, Philadelphia County.

Censors, First and Second Districts.—Drs. Wilson Jewell, Philadelphia County; William Corson, Montgomery do.; George Halberstadt, Schuylkill do.; Samuel A. Barton, Delaware do.; Samuel Thompson, Bucks do.

Third and Fourth Districts.—Drs. Thos. Wood, Lycoming County; Mordecai Massey, Huntingdon do; A. Rathrack, Mifflin do.; Wm. W. McIlvaine, York do.; J. H. Case, Perry do.

Fifth and Sixth Districts.—Drs. C. F. Perkins, Erie County; J. M. K. Morgan, Alleghany do.; J. P. Gazzam, do. do.; Jas. Dickson, do. do.; W. Anderson, do. do.

Delegates to the American Medical Association for 1854.—Drs. Hiram Corson, Montgomery County; William Mayburry, Philadelphia do.; John L. Atlee, Lancaster do.; Traill Green, Northampton; J. S. Carpenter, Schuylkill do.; Edward Wallace, Berks do.; Isaac R. Walker, Chester do.; John S. Ross, Blair do.; —— Irvine, Alleghany do.

On motion of Dr. Moses B. Smith, it was

Resolved, That the thanks of the Society be tendered to P. W. Sheaffer, Esq., for the letter and chart accompanying the report from the Schuylkill County Society.

Dr. Emerson, from the Committee on Public Gratuitous Vaccination, reported progress. On motion of Dr. Condie, the report was accepted, the committee continued, and Dr. J. L. Atlee added to its number.

Dr. Halberstadt, from the committee appointed at the last session, made the following report, which was accepted, and the committee discharged:—

The committee, to whom was referred the subject of drawing a plan for the purpose of obtaining information in relation to epidemics as they prevail over the different zoological formations of the State, respectfully report:—

That they have given the matter due consideration. The importance of such information as is contemplated by the resolutions, must be apparent to every one; but the obstacles that lie in the way, are to be found in the fact that the class of the profession from whom chiefly must be obtained the necessary data upon which anything like satisfactory conclusions can be based, are those engaged in the active practical pursuits of their calling, demanding more of physical than mental exertion, and conducing more or less to an apathetic feeling regarding the higher intellectual objects which legitimately come within the sphere of professional life. Hence, the information sought to be obtained is often withheld, from their indifference, or, what is as much to be deplored, from an unwillingness to devote the time and trouble requisite to the procuring and arranging the necessary material. The committee, therefore, are impressed with the belief that the only practical mode of effecting the object will be to arrange the facts presented by the annual reports of the County Societies, and thus approximate the end in view. This will be rendered more complete by the organization of future County Societies. Each county represented in the society presents a view of the prevalent diseases of the preceding year within its own limits; and, if any epidemic disease have prevailed over any particular character of surface, its geological features may be followed up into adjacent counties, and the respective reports of such counties compared. In this, such results as the resolutions contemplate, may be reached.

George Halberstadt,
John P. Hiester,
Hiram Corson.

Dr. J. P. Hiester offered the following resolutions, which were adopted:—

Resolved, That the Society earnestly request all societies, that have not yet done so, to furnish, at an early period, topographical histories of their respective counties, accompanied by charts.

Resolved, That the annual reports of the different county societies be recommended to have strict reference to the different geological formations, in order to ascertain, by a comparison of facts, how far the prevalence of epidemics and other diseases may be influenced by them.

On motion, adjourned.

Friday Afternoon, May 27.

The Society met at 4 o'clock P. M.

The roll was called, and the minutes of the morning session read and approved.

Dr. Atlee offered the following, which was adopted:—

Resolved, That the Committee of Publication be requested to furnish annually to the Epidemiological Society of London a copy of the published *Transactions* of this Society.

Dr. R. K. Smith offered the following, which was adopted:—

Resolved, That the thanks of this Society be tendered for the polite invitations received to visit the Academy of Natural Sciences, the Academy of Fine Arts, the United States Mint, the Laurel Hill Cemetery, the statuary in St. Stephen's Church, and the Girard College, and especially to President Allen, of Girard College, for his hospitality to the members of this Society on the occasion of their visit.

Dr. Condie offered the following, which was adopted:—

Resolved, That the thanks of this Society are due to Dr. Hiram Corson, its late President, for the impartial and courteous manner in which he has presided over its deliberations during the present session.

Dr. Turnbull offered the following, which was adopted:—

Resolved, That the thanks of this Society be presented to the Secretaries, for the faithful and efficient manner in which they have discharged their laborious duties.

Dr. Condie, in the absence of the delegates to the National Medical Association, stated that said delegates had presented to the Association the resolutions directed by this Society at its last session, and that they

had used their best efforts to secure the adoption of the same.

On motion of Dr. B. H. Coates, it was

Resolved, That the statement of Dr. Condie be received in lieu of the report of the delegates.

Dr. Parry offered the following, which were adopted:—

Resolved, That, for the purpose of acquiring farther information in relation to kine-pock, and increasing the facilities for procuring and preserving supplies of fresh and genuine vaccine virus, this Society recommends to each of the county societies in the State to appoint a committee to collect any new and useful facts in relation to vaccination, and to report the same to a central committee (to be appointed by this Society), at least two weeks before the annual meeting.

Resolved, That the said central committee shall consist of three members, and it shall be their duty to draw up a synopsis of the reports received, and present the same to this Society at its annual meeting.

The President appointed Drs. E. Parry, P. Cassidy, and H. Carpenter said committee.

Dr. Mayburry called the attention of the Society to the resolutions of Dr. Emerson, passed at last session. (See *Transactions* of 1852, pp. 15, 16.)

On motion of Dr. Mayburry, the said resolutions were adopted, and the officers directed to give due notice of the same to the county societies.

On motion of Dr. Condie, the second resolution of the Montgomery County Society, laid on the table at the last session, was taken up, and indefinitely postponed.

The President appointed Drs. Condie, Norris, and Yardley, the additional members of the Committee of Publication, to act in conjunction with the members, *ex-officio*.

On motion of Dr. J. R. Bryan, it was

Resolved, That the President elect be requested to deliver an address at the opening of the next annual session.

On motion of Dr. Atlee, a committee was appointed to conduct the President elect to the chair.

Drs. Atlee and Mayburry, being appointed said committee, performed the duty as directed, when Dr. Hiester addressed the Society in a few eloquent and appropriate remarks.

On motion of Dr. Atlee, it was

Resolved, That the thanks of this Society are due to the Committee of Arrangement of the Philadelphia delegation, for their attention in furnishing such excellent accommodations for the sessions of the Society, and for the zeal manifested to promote our comfort and pleasure.

On motion of Dr. Geiger, it was

Resolved, That, when we adjourn, we adjourn to meet in the borough of Pottsville, on the last Wednesday in May, 1854, at 11 o'clock A. M.

On motion of Dr. Hiram Corson, it was

Resolved, That the thanks of the Society be tendered to Dr. Spencer, of New York, for the volumes of the *Transactions of the New York State Medical Society*, presented to us by him.

On motion of Dr. Confer, it was

Resolved, That the thanks of the Society are due to Dr. F. West, Treasurer, for the faithful manner in which he has performed the duties of his office.

The minutes of this afternoon's session were read and approved.

On motion, the Society adjourned *sine die*.

HENRY S. PATTERSON, M. D.,
JOSEPH GIBBONS, M. D.,
Recording Secretaries.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Important Treasury Circular to prevent the Importation of Adulterated Drugs and Medicines.—[The profession will read with great satisfaction the following important treasury circular, and will rejoice that the present Secretary of the Treasury has decided that patent or secret medicines are subject to the same examination as other medicinal preparations]:—

To Collectors, and other Officers of the Customs, under the Act of 26th June, 1848. TREASURY DEPARTMENT, June 4, 1853.—It being represented to this Department, that much embarrassment has been experienced by officers of the customs, at some of the ports of the United States, in reference to the provisions of the act of 26th June, 1848, "to prevent the importation of adulterated and spurious drugs and medicines," it is deemed expedient, with a view to avoid future difficulties arising from misconstruc-

tions of the law, and to secure uniformity of practice at the several ports in carrying out its provisions with precision and efficiency, to furnish you with the additional instructions which follow, explanatory and in modification of the circular instructions addressed to you by the Department of the 8th July, 1848.

To avoid the recurrence of a difference of opinion between the officers of the customs as to what particular articles of commerce should be considered drugs and medicines, and as such subject to special examination by the special examiner of drugs and medicines, it is thought proper to state that, in conformity with the evident spirit and intent of the law, it is required that all merchandise used wholly or in part as medicine, and found described as such in the standard works specially referred to in the act, must be considered drugs and medicines, and that all invoices, therefore, of such articles, in whole or in part, must be submitted to the examination of the special examiner of drugs and medicines, before they can be permitted to pass the custom-house.

In the examination on entry of any medicinal preparation, the said special examiner is to unite with the appraiser.

With a view to afford a reliable guide to the examiner of drugs and medicines, as well as to the analytical chemist, on appeal, in ascertaining the admissibility of such articles under the provisions of law, founded on their purity and strength, the following list is given of some of the principal articles, with the result of special tests agreeing with the standard authorities referred to in the law, all of which articles are to be entitled to entry when ascertained by analysis to be composed as noted, viz. :—

Aloes, when affording 80 per cent. of pure aloetic extractive.

Assafœtida, when affording 50 per cent. of its peculiar bitter resin, and

Assafœtida, when affording 3 per cent. of volatile oil.

Bark, Cinchona, when affording one per cent. of pure quinia, whether called Peruvian, Calasaya, Arica, Carthagena, Maracaibo, Santa Martha, Bogota, or under whatever name, or from whatever place; or

Bark, Cinchona, when affording two per cent of the several natural alkaloids combined, as quinia, cinchonia, quinidia, aricene, &c., the barks of such strength being admissible as safe and proper for medicine and useful for chemical manufacturing purposes.

Benzoin, when affording		80	per ct.	of resin, or
"	"	12	"	benzoic acid.
Colocynth,	"	12	"	colocynthin.
Elaterium,	"	30	"	elaterin.
Galbanum,	"	60	"	resin.
"	"	19	"	gum, and
"	"	6	"	volatile oil.
Gamboge,	"	70	"	pure gamboge resin and
"	"	20	"	gum.
Guiacum,	"	80	"	pure guaiac resin.
Gum ammoniac,		70	"	resin, and
"	"	18	"	gum.
Jalap, when affording		11	"	pure jalap resin, whether in root or in powder.
Manna, when affording		37	per ct.	of pure mannite.
Myrrh,	"	30	"	pure myrrh resin.
"	"	50	"	gum.
Opium,	"	9	"	pure morphia.
Rhubarb,	"	40	"	soluble matter, whether in root or powder; none admissible but the article known as East India, Turkey, or Russian rhubarb.

Sagapenum, 50 per cent. of resin.

Sagapenum, 30 per cent. of gum, and

Sagapenum, 3 per cent. of volatile oil.

Scammony, 70 per cent. of pure scammony rosin.

Senna, 28 per cent. of soluble matter.

All medicinal leaves, flowers, barks, roots, extracts, &c., not herein specified, must be, when imported, in perfect condition, and of as recent collection and preparation as practicable.

All pharmaceutical and chemical preparations, whether crystallized or otherwise, used in medicine, must be found on examination to be pure, and of proper consistence and strength, as well as of perfect manufacture, conformably with the formulas contained in the standard authorities named in the act; and must in no instance contain over three per cent. of excess of moisture or water of crystallization.

Essential or volatile oils, as well as expressed oils used in medicine, must be pure, and conform to the standards of specific gravity noted and declared in the dispensatories mentioned in the act.

"Patent or secret medicines" are by law subject to the same examinations, and disposition after examination, as other medicinal preparations, and cannot be permitted to pass the custom-house for consumption, but must be rejected and condemned, unless the special examiner be satisfied, after due investigation, that they are fit and safe to be used for medicinal purposes.

The appeal from the report of the special examiner of drugs and medicines, provided for in the act, must be made by the owner or consignee within ten days after the said report; and in case of such appeal, the analysis made by the analytical chemist is expected to be full and in detail, setting forth clearly and accurately, the name, quantity, and quality of the several component parts of the article in question; to be reported to the collector under oath or affirmation.

On such report being made, a copy of the same will be immediately furnished by the collector to the special examiner of drugs and medicines, who, if the report be in conflict with his return made to the collector, and he have cause to believe that the appeal and analytical examination have not been conducted in strict conformity with the law, may enter his protest in writing against the reception and adoption by the collector of such report and analysis, until a reasonable time be allowed him in the preparation of his views in the case, and their submission to this department for its consideration.

JAMES GUTHRIE,
Secretary of the Treasury.

—

Prosecutions of Medical Men.—Within the past year several suits have been commenced and carried through against medical men for malpractice. Among those in this vicinity we may mention the trials of Dr. Hammond, of Nashua, and Dr. Sargent, of Rochester in this State, and more recently that of Dr. Kittredge, of Andover, Massachusetts. In the first case, Dr. Hammond was acquitted, not more in consequence of the ability of his counsel than the honesty and independence of the surgeon called to testify for the plaintiff. In Dr. Sargent's case we are informed that the verdict was given for the plaintiff in the face of the most explicit testimony from medical men. The same was true in Dr. Kittredge's trial, in which, as we understand it, after an injury to the arm in which there was rupture of the brachial artery, the attending surgeon was brought in guilty for causing the arm to slough off by tight bandaging. The community should be made to understand that by encouraging such prosecutions they are endangering their own safety, and surgeons will be compelled in self-defence to require beforehand a bond that they shall not be prosecuted, whatever may be the result of the treatment. From several recent trials we feel warranted in saying that the chances are altogether better for the acquittal of an ignorant, uneducated pretender to medical knowledge, who is really guilty, than for that of an intelligent, well-educated surgeon, to whom no fault can justly be charged.—*New Hampshire Journal of Medicine.*

—

Report of the Weather in Philadelphia for May, 1853.—The temperature of the last month rose to 65.33 degrees, which is about two degrees above the average temperature of the same month last year, and nearly three degrees above the average mean of many years. Rains also were abundant, more or less falling on fifteen days, and amounting for the month, as measured and recorded at the Pennsylvania Hospital, to 5.173 inches. The month thus abounding in heat and moisture, the two great elements of vegetable growth, the earth is at present teeming with more than her usual promise.

Seven times, during the month, the fall of rain was attended with thunder and lightning. That which occurred at 9 o'clock, on the evening of the 23d, was the most severe; and what is worthy of remark, Quebec, L. C., was visited about the same hour with a destructive thunderstorm, by which one or more individuals lost their lives.

The prevalence of west and southwest winds during the month was quite remarkable. Out of the 31 days, the wind was westerly 25 days, and southerly 19 days; that is, on some part or the whole of that number of days the wind was at some point of the compass within these quarters. During the whole spring, also, the prevalence of these winds has been quite unusual: the days of westerly wind for the three months amounting to 76, and of southerly wind to 50 days. This, it seems highly probable, is attributable to the remarkable absence of floating ice in the neighbouring oceans.—Ordinarily, for six or eight weeks in spring, extensive fields and bergs are encountered, in lat. 42 to 44, long. 50 to 52, and are the terror of passing vessels. In 1851, ships coasted along the border of these floes for days in succession, seeking a passage through or around them. And when it is remembered that their temperature is usually about 15 degrees of Fahrenheit, it will not appear improbable that they should influ-

ence the course of the wind upon our Atlantic border during the spring months. Strengthening this view, is the fact we have alluded to, that no such floes have been encountered the present season. We will add, that for the whole three spring months, there have been 20 days only in which there was any E. in the wind for any observed portion of the day; and that in the same period, the wind was easterly on seven *whole* days only. While in the spring of 1851, the season of extensive floes, an easterly wind prevailed 34 days; and for 19 days the wind was easterly all day.

The mean temperature of the three spring months was 54.67 degrees, which is about 4 degrees above the mean average temperature of last year.

The effect of the warm spring upon the health of our community is quite apparent in the bills of mortality; for while the whole number of deaths for the three spring months of last year was 2657, this year it was reduced to 2294, or 363 less; and this, notwithstanding an evident increase of population.

P. S.

Days of month.	THERMOMETER.			WIND—COURSE AND FORCE.		REMARKS.
	Sunrise.	2 P. M.	Mean.	Sunrise.	2 P. M.	
1	52	66	59	N. E. 3	W. by N. 2	Cloudless.
2	48	66	57	N. N. E. 2	S. W. 3	Cloudless.
3	56	78	67	S. 2	S. W. 3	Cloudy, slight shower, 7½ A. M., clear.
4	63	83	73	S. S. W. 1	S. 2	Cloudless, clear, smoky all day.
5	58	68	63	N. E. 2	E. N. E. 2	Overcast, rainy, P. M.
6	61	60	60½	N. 2	N. E. 3	Overcast (thundershower night), rainy day.
7	54	58	56	E. 3	E. S. E. 2	Clear, cloudy, slight rain.
8	51	56	53½	S. 2	S. E. 2	Overcast, rain after 1 P. M.
9	52	72	62	S. W. 2	S. W. 4	Cloudless, clear.
10	57	76	66½	S. W. ½	S. W. 3	Overcast, clear, heavy thundershower, 6½ P. M.
11	54	68	61	N. W. 2	W. N. W. 4	Clear, fair, cloudless.
12	56	76	66	S. W. 2	S. W. 4	Cloudless, cloudy, thundershower 6½ P. M.
13	52	64	58	N. 4	N. N. W. 3	Rainy night, clear 12 M.
14	51	72	61½	N. N. W. 1	W. by N.	Cloudless.
15	58	75	66½	S. W. 3	S. W. 3	Cloudless, fair.
16	62	80	71	S. W. 2	S. W. 4	Cloudless, cloudy.
17	69	89	79	S. W. 2	S. W. 2	Clear, fair, thundershower, 4½ P. M.
18	69	84	76½	S. W. 1	S. W. 2	Clear, cloudy.
19	66	64	65	S. W. 2	N. W. 5	Cloudy, thundershower 11¼ A. M., clear.
20	49	66	57½	N. W. 5	N. W. 5	Cloudless, clear.
21	52	77	64½	S. W. 2	S. W. 3	Cloudless, clear.
22	60	80	70	S. W. 2	S. W. 4	Cloudless, clear.
23	66	83	74½	S. W. 3	S. W. 4	Fair, cloudy, thundershower 9 P. M.
24	63	63	63	N. 2	N. 2	Rainy day.
25	55	62	58½	N. 3	N. 4	Rainy day.
26	55	64	59½	W. by S. 2	N. W. 4	Fair, cloudy.
27	60	72	66	N. W. 4	N. W. 2	Clear, cloudy, clear.
28	62	84	73	N. W. 2	N. W. 2	Fair, clear.
29	66	87	76½	S. W. 1	S. S. W. 1	Cloudless, smoky.
30	64	80	72	S. W. 2	S. S. W. 4	Cloudless, smoky, cloudy, rain. with thunder and lightning.
31	59	78	68½	N. by W. 4	N. E. 4	Clear.
	58.06	72.61	65.33	2.25	3.06	Monthly mean.

University of Pennsylvania.—Dr. Joseph Leidy has been elected Professor of Anatomy in place of the late Dr. Horner. Dr. Leidy's extensive acquirements as an anatomist and naturalist, and his high reputation, give every assurance that he will worthily fill the chair, and add to the lustre of the school.

—

St. Joseph's Hospital.—Dr. Wm. B. Page has been elected one of the surgeons to supply the vacancy occasioned by the death of the lamented Horner.

FOREIGN INTELLIGENCE.

Accouchement of Queen Victoria—Chloroform employed.—We find the following article in the *Lancet* of May 16, 1853:—

"A very extraordinary report has obtained general circulation connected with the recent accouchement of her most gracious Majesty Queen Victoria. It has always been understood by the profession that the births of the Royal children in all instances have been unattended by any peculiar or untoward circumstances. Intense astonishment, therefore, has been excited throughout the profession by the rumour that her Majesty during her last labour was placed under the influence of chloroform, an agent which has unquestionably caused instantaneous death in a considerable number of cases. Doubts on this subject cannot exist. In several of the fatal examples, persons in their usual health expired while the process of inhalation was proceeding, and the deplorable catastrophes were clearly and indisputably referable to the poisonous action of chloroform, and to that cause alone.

"These facts being perfectly well known to the medical world, we could not imagine that any one had incurred the awful responsibility of advising the administration of chloroform to her Majesty during a perfectly natural labour with a seventh child. On inquiry, therefore, we were not at all surprised to learn that in her late confinement the Queen was not rendered insensible by chloroform or by any other anæsthetic agent. We state this with feelings of the highest satisfaction. In no case could it be justifiable to administer chloroform in perfectly ordinary labour; but the responsibility of advocating such a proceeding in the case of the Sovereign of these realms would, indeed, be tremendous. Probably some officious meddlers about the Court so far overruled her Majesty's responsible professional advisers as to lead to the pretence of administering chloroform, but we believe the obstetric physicians to whose ability the safety of our illustrious Queen is confided do not sanction the use of chloroform in natural labour. Let it not be supposed that we would undervalue the immense importance of chloroform in surgical operations. We know that an incalculable amount of agony is averted by its employment. On thousands of occasions it has been given without injury, but inasmuch as it has destroyed life in a considerable number of instances, its *unnecessary* inhalation involves, in our opinion, an amount of responsibility which words cannot adequately describe.

"We have felt irresistibly impelled to make the foregoing observations, fearing the consequences of allowing such a rumor respecting a dangerous practice in one of our national palaces to pass unrefuted. Royal examples are followed with extraordinary readiness by a certain class of society in this country."

Notwithstanding the above statement we find the following announcement in the *Association Medical Journal* of April 15:—

"*Her Majesty's Accouchement — Chloroform.*—On Thursday, the 7th instant, at half-past one P. M., the Queen was safely delivered of a prince. This announcement has, we feel assured, inspired among all classes feelings of interest and sincere gladness; but there are circumstances connected with the event which have likewise imparted to it no small degree of medical importance. We refer to the employment of chloroform having been sanctioned by Her Majesty's Physician in Ordinary, Sir James Clark, Her Majesty's First Physician Accoucheur, Dr. Locock, and Her Majesty's other Physician Accoucheur, Dr. Fergusson; to its having been administered by Dr. Snow; and to the fact of the Queen and the infant prince having gone on favourably from the first.

"We understand that chloroform was administered by Dr. Snow during the latter part of the labour, with very satisfactory effect; and that the Queen expressed herself as grateful for the discovery of this means of alleviating and preventing pain.

"The responsible position, and the acknowledged skill of the physicians who sanctioned the inhalation of the chloroform, the Royal Majesty of the patient, and the excellence of her recovery, are circumstances which will probably remove much of the lingering professional and popular prejudice against the use of anæsthesia in midwifery, even when sanctioned by competent authority, and induced with requisite precaution. It is for this reason that we chronicle the recent accouchement of Her Majesty as an event of unquestionable medical importance.

THE MEDICAL NEWS AND LIBRARY.

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TODD AND BOWMAN'S PHYSIOLOGY, TWELVE PAGES.

MEDICAL PROGRESS.

Proceedings of the Eighth Annual Meeting of Medical Superintendents of American Institutions for the Insane, held at Baltimore, May 10, 1853.—The Association met at the Eutaw House, Baltimore, at 10 A.M., on the 10th of May. The following gentlemen were present:—

Dr. Francis T. Stribling, of the Western Asylum, Virginia. Dr. T. S. Kirkbride, of the Pennsylvania Hospital for the Insane, Philadelphia. Dr. N. D. Benedict, of the New York State Lunatic Asylum, Utica. Dr. Tyler, New Hampshire Asylum, Concord. Dr. John Curwen, of the Pennsylvania State Lunatic Hospital, Harrisburg. Dr. C. H. Nichols, of the U.S. Hospital for the Insane, Washington. Dr. H. A. Buttolph, of the New Jersey State Lunatic Asylum, Trenton. Dr. J. Fonerden, of the Maryland Hospital, Baltimore. Dr. W. H. Stokes, of the Mount Hope Institution, Baltimore. Dr. R. J. Patterson, of the Indiana Hospital for the Insane, Indianapolis. Dr. J. H. Worthington, of the Friends' Asylum, Frankford, Pennsylvania. Dr. Kendrick, of the Ohio Lunatic Asylum, Columbus. Dr. Brown, of the Bloomingdale Asylum, New York. Dr. Clement A. Walker, of the South Boston Asylum. Dr. Edward Jarvis, of the Dorchester (private) Institution, Massachusetts. Dr. Francis Bullock, of the King's County Lunatic Asylum, Flatbush, L. I.

The meeting was called to order by Dr. Buttolph, the Secretary.

In the temporary absence of the President, Dr. Stribling was called to the chair.

On motion of Dr. Kirkbride, it was—

Resolved, That each member be authorized to invite such individuals and friends as he may think proper to attend the meeting of this Association.

On motion of Dr. Fonerden, that a committee be appointed by the chair to prepare and arrange business for the meeting, the President named Drs. Fonerden, Kirkbride, and Buttolph.

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☞ *In no case will this work be sent unless the money is paid in advance.*

A resolution moved by Dr. Tyler, that a committee be appointed to nominate a place for the next Annual Meeting, was unanimously agreed to; and Drs. Nichols, Curwen, and Tyler were appointed such committee.

Dr. Kirkbride laid before the Association the plans of the Alabama Hospital for the Insane, now being erected at Tuscaloosa, which had been designed by himself, and drawn under his supervision. Dr. K. accompanied the exhibition of the drawing, with some details of the improvements made in its arrangements. The Association warmly approved of the plans.

Dr. Nichols then requested the attention of the Association to the plans of the proposed new Asylum for the Insane of the Army and Navy, and of the District of Columbia, designed by him, and wrought out by R. U. Walter, Esq., and which had been approved of by the National Government. Among other things, Dr. N. called attention to one point, viz., that the water and waste pipes, &c., are so arranged and combined that in the event of any repairs being needed they are easily accessible. The limited appropriation made by the Act of Congress which provides for the erection and establishment of this Hospital, rendered it impossible, or at least inexpedient, to lay the foundation of the whole structure at once, and it was therefore proposed to lay out and finish one wing only, at present, leaving the erection of the remainder, the centre building and the other wing, to be provided for by farther appropriations.

Dr. Kirkbride regarded the arrangement of the water, waste, and other pipes made by Dr. Nichols, as one of the greatest improvements lately introduced. He (Dr. K.) thought that much credit was also due Dr. Nichols for the mode he has adopted in the erection of the Hospital, viz., by commencing at the extremity of one wing, and thus doing practically what the Association believes in theoretically. He (Dr. K.) thought it should be always borne in mind that if the funds appropriated to an Insane Hospital are insufficient to finish it according to a most liberal estimate, or doubtful, and that if it is found necessary to neglect any portion of it at the outset it should be the centre building and not the wings.

In the course of a conversation as to the advisability of basement kitchens, in which Drs. Fonerden, Benedict, and Nichols took a part, Dr. Stribling said he thought that in a Southern climate they were objectionable; Dr. Benedict thought that in no climate were they expedient.

Dr. Jarvis announced that he had received two papers from Dr. Galt, of the Eastern Asylum, Virginia; one "On the Lincoln Lunatic Asylum (England), and the Method of Treatment there," the other "on Pledges by the Insane," which on motion of Dr. Fonerden were referred to the Business Committee.

On motion of Dr. Kirkbride, Dr. Galt's paper on "Pledges," was read by Dr. Nichols.

On motion of Dr. Steuart, President of the Board of Directors of the Maryland Hospital, Mr. Niernsee, the architect of the New State Hospital for the Insane of Maryland, laid the plans of that edifice before the Association. Complied with.

Dr. Steuart explained that the "Propositions as to the Construction of Insane Hospitals," adopted by the Association, had been kept in view in designing the present Institution, but that owing to the site, and other local or State causes, it had been found necessary to modify, without entirely departing from, some of its details.

The plan combines both the single and double range of rooms, a corridor and single rooms for the best and worst patients, and rooms on both sides of the corridor for the intermediate class. This combination seemed to meet with the approbation of the Association.

Dr. W. H. Stokes, on behalf of the Sisters of Charity of the Mount Hope Institution, tendered an invitation to the Association to visit that establishment on Wednesday afternoon. Referred to Business Committee.

Adjourned to 1 P. M.

Afternoon Session.

At 1 P. M. the members reassembled, when Dr. Luther V. Bell, of the McLean Asylum, the president, Dr. Isaac Ray, of the Butler Hospital, the vice-president, and Dr. Stewart, of Blockley, appeared and took their seats as members of the Association.

An invitation to visit the Maryland Almshouse, and the site of the New State Hospital for the Insane having been accepted by the Association, and carriages being then in waiting to convey the members thither, no session was held.

The Association first proceeded to the Almshouse, which is located about two miles from the city, amongst very pleasant grounds, and upon a beautiful farm of some 200 acres in extent. The General Hospital appears to be very well conducted, but in the wards set apart for the Insane was seen a type of the treatment which this unfortunate class of our fellow-beings were subjected to in the darkest periods of their history. The Members of the Association keenly felt the reproach their condition is to the age in which we live; and, consequently, could not but express themselves strongly in reprobation of the treatment that obtains there.

From the Almshouse, a ride of some four miles took the members to the site of the New Asylum for the Insane. A violent storm of rain which occurred prevented the members from walking over the site, but the drive through the grounds, and a short space of clear weather when on the site, enabled them fully to appreciate the discrimination which had selected this spot for the new structure. The prospect on all sides of a highly cultivated country, dotted with villas and country-seats, of Baltimore, lying about five miles distant—of the moving panorama, presented by the shipping on Chesapeake Bay—of the Eastern shore of Maryland, and of the Atlantic Ocean beyond, with its contiguity and accessibility by rail road, in addition to the water privileges it enjoys, and other desiderata, combine to make the location a most desirable one. Dr. Steuart, the President of the Board of Directors, on whom was delegated the very responsible trust of selecting the site, had visited and inspected a great number of places with this view, but found none that agreed so fully with the requirements of the "Propositions on the Construction of Hospitals." Great credit is due Dr. Steuart for his untiring and most philanthropic exertions in the cause of the Insane of his native State.

Evening Session.

At 6 P. M. the members met at their Session Room.

Dr. Bell read Dr. Galt's paper "On the Lincoln Lunatic Asylum," (England.)

In this paper, the writer expresses himself as much pleased with various modes of treatment adopted there, quite dissonant with the views and sentiments entertained by the Association.

Dr. Kirkbride objected to some of the sentiments of the paper. The almost indiscriminate admission of visitors, supported by the author, he thought very hurtful. While no respectable institution would object to the admission of visitors under proper regulations, and within certain bounds, he (Dr. K) would never allow any visitor to enter a hall inhabited by patients of even the best class without having an officer in attendance upon him, in the institution that he was connected with.

Dr. Benedict thought that everything good, as regarded the treatment of the Insane, recommended in the paper has been adopted and practised for a great number of years in every institution making any pretensions to respectability in the country. He (Dr. B) felt bound to express his entire dissent with the author of the paper on many subjects treated of in the paper just read. He most cordially concurred with Dr. Kirkbride's remarks relative to the admission of visitors, and must state that in his opinion a too free admission of visitors instead of proving beneficial to the patients, resulted in a positive injury.

After some farther remarks from Drs. Stribling, Stewart (of Blockley), and Bell, following the same line of argument, and deeming the views advanced rather retrogressive than otherwise, the paper was laid on the table.

Dr. Kirkbride read a paper "On the Night Care of the Insane."

The Association then adjourned to 9 A. M.

Second Day—Morning Session.

Dr. Smith, of the Missouri State Lunatic Asylum, took his seat as a member of the Association.

Dr. Ray exhibited two specimens of Jones's Compression Faucet—one being the old, and the other a much improved one, having the advantage of being easily packed, &c.

Dr. Bullock laid on the table the plans of the new Asylum for the Insane of King's County, New York, which met with the unanimous approbation of the Association.

The paper read by Dr. Kirkbride the evening before, "On the Night Care of the Insane," was then taken up and discussed.

Dr. Benedict concurred most fully in the views expressed by Dr. Kirkbride in his paper. He thought that the night care of

the Insane was so generally acknowledged and understood, as to render it almost supererogatory to say anything in its favour. In his own experience a fire had been discovered by the night attendant, and the alarm given, which, without this means of detection would, undoubtedly, have wrapped the building in flames. He considered a night-watch extremely useful in keeping up the police of an institution. He had also derived much benefit from the night-watch in curing filthy habits among a certain class of patients.

Dr. Curwen employs a night-watch, and fully coincides in Dr. Kirkbride's views as to the advisability of having a more extended care of the Insane at night. Dr. C. dwelt at some length on the very great benefits derivable from the night-watch in the cure of filthy habits in chronic cases; instancing several cases in his experience where a radical cure had been effected.

Drs. Smith, Stewart (of Blockley), Patterson, and Stribling, concurred in the utility of the night-watch. In the institutions under their charge a night-watch is regularly employed.

Drs. Tyler, Walker, and Bullock were much pleased with the paper. No night-watch is employed in their institutions.

Dr. Ray dwelt at some length upon the merits of the paper, and upon the general question involved. He thought that there was a proneness to prefer our own individual ways, without giving to other plans that mature consideration which was desirable, and a trial, which alone would enable us to find out whether the same objects can not be attained by other, and less objectionable means. He employs no night-watch, and thinks himself better off without them.

Dr. Jarvis said that, having private attendants for each patient under his charge, who also sleep with them, he did not keep up any night attendance, other than was necessary in case of sickness.

Dr. Kendrick said that a watchman was employed at the institution at Columbus, who passes through the halls. He, however, relied much upon putting two patients together for their mutual safety.

Dr. Brown stated that for thirty years Bloomingdale Asylum had been without any regular night-watch, but he believed that during Dr. Nichols's time, who has so recently discharged the duties of Superintendent there, that a night-watch was maintained. The institution is without a night-watch now, however.

Dr. Nichols replied, that to his predecessor at Bloomingdale, Dr. Pliny Earle, was due the credit of having originated a night-watch there. He (Dr. N.), feeling convinced of the utility of the plan, had maintained a night-watch there; he also concurred in the views expressed in Dr. Kirkbride's paper.

Dr. Bell said, that to keep an outside watchman to guard against fire was a debt paid to public sentiment. He must confess that he was not prepared to admit the necessity or utility of an in-door watchman as much as the tone of the paper seemed to imply. After the catastrophe at the Maine Hospital, it had been tried at the McLean Asylum, but gradually fell into desuetude. A watchman seemed to keep the whole house in an uproar—patients would fancy themselves seriously unwell, and having a messenger at hand would insist on seeing the Doctor immediately. As to the watchman being able to prevent suicide, that he thought almost impossible, for the chances were as 100 to 1 against his being on the spot where, and at the moment when suicide was being committed. The care of suicidal patients was so important that he thought it should not be intrusted to the casual visits and divided attention of a watchman. Attendants are watchmen; and they should be impressed with the necessity of disciplining themselves to sleep lightly; this is quite possible; cases are plenty in which persons have so accustomed themselves to sleep lightly that the least unusual noise awakens them. Homicidal and suicidal mania are so often coexistent that he thought no two patients should ever be put together; no attendant even should be put to sleep in a room with a suicidal patient, but an open latticed door should divide them. Persons in whom it was not known that a propensity to suicide existed were those who most frequently successfully perpetrated the act. The calling up of filthy patients by the watchman might have a good effect in cases of dementia, but not in mania.

Dr. Kirkbride explained some points treated of in the paper which had formed grounds of remark. He said he was cognizant of two cases of suicide having been successfully prevented by the night-watch, and nothing but the constant vigilance of

attentive persons can prevent suicide. He thought that the noise caused by the watchman, which Dr. Bell made a ground of objection to the use of a night-watch, might be easily remedied by having the duties fulfilled by a careful person; he had known these duties performed with so much quietness that the patients were actually not aware that the watchman passed through their halls. He thought that in justice to the attendants who are employed in the harassing care of insane patients they should be relieved at night from the responsibility which attaches to their duties. Many attendants would sink under the weight of the thought that the responsibility of suicidal patients rested upon them when retiring at night. This idea would also prevent their having a sufficiency of sleep, than which nothing was more injurious, as it tended to make them irritable. He thought that it should be impressed upon attendants to accustom themselves to sleep through all noises, as it was thus only that they would be able to take that amount of sleep which was essential to the due performance of their duties. An occasional watch was worse than useless; and, in his opinion, a regular night-watch only was to be tolerated. Filthy habits in eight or nine chronic cases, with which he is acquainted, have been entirely cured in less than a twelvemonth by means of the night-watch. One night-watch, that is, one of each sex, should always be employed; two, and in some institutions, four, might be employed with advantage.

Dr. Kendrick said that the cure of filthy habits having formed rather a prominent subject of remark in the present discussion, he would take the liberty of throwing out a suggestion on this point, that the members of the Association might, perhaps, consider useful. He had known very advantageous results follow the use of injections of ice-water into the rectum. It was a mode of treatment adopted by him for the cure of filthy habits. The effect of the injection was to cause intense pain for a few moments, but he had never found it to fail in the desired result. Dr. Kendrick also alluded to the use of shower-baths.

Dr. Kirkbride would wish to raise his voice against the use of any means of torture.

Dr. Benedict was much surprised to learn that any means partaking of the usages of a past age, and which he thought had long been exploded from our Institutions, were still in existence. He protested against any such coercionary means, and against the inference that the gentleman had conveyed that either shower-baths or any other coercionary means were permitted, or were in use among us.

Dr Jarvis had used injections of tepid water with very beneficial effects, not as coercionary, but as medical means of treatment.

Dr. Bell said that some little favours and privileges might be granted, the withdrawal of which would be considered a punishment; farther than this he could not go. The use of injections in a medical point of view he was quite prepared to admit, but to use ice-water injections as a coercionary means he thought inadmissible, and in the present age censurable. Modern and ancient hospitals are distinguished from each other by this axiom, "*Patients, nowadays, are not responsible*" A dose of senna or aloes would distress and gripe a patient very much; but if a medical man was to call a patient aside and tell him: "You have done so and so, which is wrong, and now to punish you for this I am going to give you a dose of something which will gripe you terribly," this he (Dr. Bell) thought was equally wrong as to use the lash, the shower-bath, or the ice-water injections, although at the same time it might be, that the patient stood in need of, and would be benefited by, a strong cathartic. He would wish to reiterate what had been already said by Drs. Kirkbride and Benedict, and have it widely and distinctly known that the views and sentiments of this Association are directly and emphatically adverse to any penal or coercionary means being used or permitted in our Hospitals for the Insane.

Dr. Nichols then read a paper by Dr. Galt, "On Pledges by the Insane."

A short conversation ensued on the subject matter of the paper, in which Drs. Buttolph and Kirkbride, took a part.

On a motion that the paper be laid on the table,

Dr. Bell said that no one, perhaps, in the United States, had given more attention or had made greater or more frequent trials on this subject than the late Dr Woodward. But Dr. Woodward's views had very materially changed on this question, a few years

before his death, adversely to the accepting of pledges from the insane.

The paper was then laid on the table for future discussion. [The press of other matter subsequently, however, prevented this discussion being resumed.]

After an interval of ten minutes,

Dr. Jarvis read a paper "On the Effects of over or perverted Action of the Brain or Nervous System on Mental Health."

A communication from the Business Committee relative to the visit of the Association to the Maryland Hospital having been made, Dr. Kirkbride said, that he thought Dr. Jarvis had conferred a favour upon the community by the production of the paper just read by him.

Dr. Ray fully indorsed the views advanced in the paper, and the principles of education, modes and manner of life recommended by Dr. Jarvis.

The paper was farther discussed by Drs. Fonerden, Bell, Smith, and Jarvis. During a rather desultory conversation that arose, casual reference was made to the phrenological doctrines of the agency of the brain in the action of the mind. On this point very different views and opinions were held among the members of the Association.

Dr. Bell said he was not prepared to say that the brain is the sole organ of thought; he had no reason to believe otherwise than that it is the whole, and not any one part of the Nervous System that performs this function, and in which the faculty exists. Autopsies generally present no material lesion of the brain; changes, indeed, there are to be seen, but which may have occurred in *articulo mortis*. What symptoms have we seen that can lead us to infer that the brain is the sole organ of the mind? How rare it is for our patients to complain of pain in the head, and how entirely inefficient have all counter-irritants hitherto proved in diseases of the brain! He fully admitted the great importance of education as having reference to phrenology—educating the faculties, and not the *organs*. . . . . All knew, too, that functional diseases eventually became organic. In conclusion, he (Dr. Bell) thought that it was false philosophy to assume that the brain, only, is the seat of mind; nor will any examination that can be made, show us the seat of mind—neither the mind nor its seat being visible to physical examination.

After a few words from Drs. Smith and Buttolph, who favoured the phrenological views of the argument, but who appeared to be, however, largely in the minority, the Association adjourned to 3½ P. M.

Afternoon Session.

The Association having met at the hour appointed for its afternoon session, and intimation being given that the carriages to convey the members to the Mount Hope Asylum were then in waiting, it was agreed that the Association be farther adjourned to 6 P. M.

The Mount Hope Institution is pleasantly situated within a short distance of Baltimore; indeed, so near is it, that the extension and improvements of the city, and the opening of new streets so far encroach upon its privacy, that but a short time can elapse before its removal to a more retired location will be necessary. The eighteen acres of land belonging to the institution are tastefully laid out in pleasure-grounds, walks, gardens, &c. &c. It is entirely under the control of the Sisters of Charity, Dr. Stokes, its excellent physician having charge only of the medical department, and who bears warm testimony to the high and efficient qualifications of the Sisters for the duties they fulfil. The very neat order and thorough cleanliness maintained in every part of the establishment, the general appearance of the patients and their freedom from restraint reflect much credit on all concerned with it. The members having examined every part of the house under the guidance of Dr. Stokes, sat down to a very elegant cold collation prepared for them. The Association then returned to the Eutaw House much pleased with their visit, and with the kind and hospitable manner in which they had been received by the Sisters.

Evening Session.

The Association assembled at their Session Room in the Eutaw House, at 6 P. M.

Dr. Ray read a paper "On Undescribed Forms of Acute Maniacal Disease."

On motion of Dr. Tyler, the discussion of this paper was deferred for the present, and the Association adjourned to 9 A. M.

The remainder of the evening was passed by the members of the Association at the hospitable mansion of Dr. Steuart, President of the Board of Directors of the Maryland Hospital, whose name is intimately blended with all the improvements made in the condition of the Insane of Maryland.

Third Day—Morning Session.

The Association having met at the hour appointed, proceeded to discuss the paper read last evening by Dr. Ray, "On Undescribed Forms of Acute Maniacal Disease."

More fully to elucidate the discussion which followed, and to explain the bearing of some of the arguments advanced, we extract and condense some portions of this very interesting paper, which will appear in full in the next number of the *Journal of Insanity*.

Dr. Ray describes seven cases that he had received, of which six terminated fatally. The Doctor then proceeds to state that though "examples might be multiplied, enough had been given, to justify the doubt, whether all the anomalous cases of acute maniacal disease, which are now so frequently witnessed in our hospitals for the insane, can be properly referred to that form of it which has been described by Dr. Bell." . . . "From the discussion which followed the reading of this paper (Dr. Bell's, in 1849), it appeared that, with one or two exceptions, no one felt sure that he had met with the disease in his own practice. At subsequent meetings of the Association, however, several members have spoken of its having been recognized by them; and at the last meeting a paper describing several cases was read by Dr. Worthington." "Dr. Benedict, of the Utica Asylum, in his last report, includes in his admissions, eleven of what he terms '*exhaustive mania*,' and in the discussion which followed the reading of Dr. Worthington's paper, Dr. Benedict expressed the opinion that the form of disease here indicated was identical with that of Dr. Bell. The only fact mentioned in his report respecting it, is that they all recovered; after making every allowance for diversity of treatment, this fact alone would throw much doubt on their identity, since nearly all Dr. Bell's cases proved fatal." Dr. Ray then alludes to the class of cases described by Drs. Williams and Ranney (see vol. vii. p. 43, and vol. viii. p. 145), and which, as being distinguished from other forms of maniacal excitement, has been termed *typhomania*.

Dr. Kirkbride made some remarks on the paper, and in conclusion stated that in this form of disease, stimulants had been much more freely used in the institution under his charge during the past, than in any previous year, and with very satisfactory results.

Dr. Patterson had not met with any cases in the patients under his charge, presenting the types or symptoms of the disease described. Doubtless cases did occur in the section of country where he resided, but the probability was that they were kept at home, where they died. Patients are not conveyed early to the asylum in his State.

Dr. Walker had met with one case in which the symptoms had assumed such a character that it was deemed advisable to have a Coroner's inquest to inquire into the matter, as strong suspicions were held in the community that the deceased had come to his death by foul means; this, however, was not the verdict of the jury, and he felt no hesitation in saying that it was one of that class of cases described by Dr. Ray.

Dr. Kendrick appreciated the full value of the paper; he had not himself witnessed any cases bearing a resemblance to those described, probably for the same reasons assigned by Dr. Patterson.

Dr. Stribling said, that from the location of the Asylum under his charge, he had not had any experience in cases of the nature described by Dr. Ray; he would not say that there were none to be met with in Virginia, but if there were the distance might have been so great as to deter their friends from attempting their removal at the first onset of the attack, and they might have died whilst waiting such a measure of strength as would justify the friends in bringing them to the Asylum. He, however, used stimulants in other forms of disease, and with very pleasing success.

Dr. Brown has had four cases which very much assimilated to those described by Dr. Bell. He would much wish to see the paper read by Dr. Ray printed, as it would enable gentlemen to prove to their own satisfaction whether a case they might have under treatment formed one of the class described by Drs. Bell and Ray.

Dr. Benedict said, that it was with much diffidence that he ventured to differ with Dr. Ray, whose reputation and great experience were were so widely and deservedly known. The eleven cases to which reference had been made in Dr. Ray's paper, called in his (Dr. B.'s) last annual report, *exhaustive mania*, he confidently believed to be well-marked cases of the form of disease described by Dr. Bell.

They were certainly not cases of the ordinary acute mania described in books, and generally met with in asylums, neither were they cases of that form of disease referred to by Drs. Williams and Ranney, and which is termed Typhomania. He (Dr. B.) had had large experience in a General Hospital where emigrant fever abounded, and where typhomania was frequently met with, so that he had no excuse if he had failed in discriminating between the one and the other. The classes in community in which the two diseases occur are very different; the mode of attack—many of the symptoms, and especially the character of the delusions—the progress and termination of the two diseases are widely at variance from one another. That the gentlemen from Indiana, Ohio, and Virginia, had not seen this form of disease, he thought very possible from the facts adduced by them—that the locations of their institutions were such that patients might die at home. It was very different, however, in New York State. The asylum at Utica was so easy of access, and the facilities of travelling were so great, that even from the farthest point of the State to reach it was within the compass of a few hours' ride. The feeling that the asylum is the only place to treat an insane person was so widely disseminated through the community, that patients were hurried there in some cases with too much rapidity. This had formed a ground of caution from his predecessor, Dr. Brigham. . . . . If the cases he had mentioned last year did not come under the same category with those described by Dr. Bell, then he was mistaken; but he felt convinced that his judgment had not erred in classifying them with those; if they were not, however, then possibly they might be a form of disease still undescribed. To the great facilities for travelling to which he had already alluded, and to the treatment adopted—that of stimulants—he attributed the recovery of the eleven cases.

[In answer to an inquiry by Dr. Bell, Dr. Benedict said that he gave stimulants very freely; in some cases, as much as twenty-four ounces of the best brandy in twenty-four hours.]

That the recovery of these eleven cases was an unusual coincidence he admitted, but the next three terminated fatally.

[In reply to Dr. Benedict, Dr. Ray here stated that the proportion of cases of the form of disease described by him was about ten per cent. of the admissions.]

Dr. Benedict then went on to state that, taking into consideration the number of admissions at the Utica Asylum—which was equal to the aggregate admissions of several of the New England Hospitals—and the great similarity between the habits, modes of life, and general character of the people of New England and those of the State of New York, it was scarcely probable that a disease to which one were so subject should not be met with in the other. It was certainly possible; and if that was the case, and that this disease should be one coming under that class, and from which the people of New York State are exempt, then he (Dr. B.) had never seen the disease described by Dr. Bell. He shared in Dr. Brown's desire to see the paper put on record, and trusted Dr. Ray would permit its insertion in the *Journal of Insanity*.

Dr. Bell thought that the great facility of access to the asylum at Utica made it easy for this class of patients to reach there. The cases Dr. Benedict had mentioned were cases of that description he had not the slightest doubt. He had lately made freer use of stimulants in the treatment and with commensurate success. This disease differs widely from typhomania, and is a disease *sui generis*. When the Association held its meeting at Boston, some three years since, there was a well-marked case of this form of disease then under treatment at the McLean Asylum, which was recognized without difficulty by two of the members of the Association on the occasion of their visit there.

In reply to Dr. Stribling for information as to typhomania, Dr. Benedict described the symptoms, progress, &c., of that disease.

Dr. Ray said that the paper read by him had been prepared rather hurriedly, and he possibly might have failed to mark sufficiently plain some of the symptoms indicated by Dr. Bell.

Dr. Bell said there was a difficulty occasionally met with in discriminating between meningitis, passing rapidly through its various stages, and mania; but with this disease it was wholly different. He had found no difficulty in classifying it; a few days affording ample time for that purpose. The symptoms on admission are different

from those presented in mania; the person, on admission, when told where he is, for a moment comprehends what is said to him, but in a very short time—a few minutes even—he relapses into his delusions, and if food is offered him, questions as to whether it be not human flesh, &c. . . . There was certainly much similarity between this disease and delirium tremens, and if it had appeared in persons whose character would have laid them open to a suspicion of their being addicted to intemperate habits, would, undoubtedly, in many cases, have been referred to that cause, and have been called delirium tremens. But, and without a single exception, the contrary has been the case, it having occurred only in persons whose moral character was unimpeachable. Females have furnished a fair proportion of cases. One case occurred in a person who had been insane and under treatment for a number of years (a female, suffering with monomania); the disease passed through its various forms and exacerbations, and terminated in death.

Dr. Ray said that he had found etherization very beneficial in enabling the administration of food and medicine.

Dr. Bell thought that etherization might be valuable as an adjuvant to opiates in inducing sleep. Dr. Bell then described a case where chloroform had induced insanity in a lady to whom it had been applied by a dentist. This lady, having remained a year under his charge, had very suddenly committed suicide, although she had never before betrayed any traits of suicidal mania.

Dr. Kirkbride has had two cases under his care, whose insanity, their friends have not the slightest doubt, was induced by etherization and chloroform.

Dr. Stribling moved that a Committee of Finance be appointed; which being agreed to, Drs. Kirkbride, Stribling, and Buttolph were appointed.

A letter was read from Dr. Chandler, of the Worcester Hospital, excusing his unavoidable absence from the meeting; and from Dr. Earle, asking for such reports of Asylums for the Insane as had not reached him; also, from Dr. Mead, of the private asylum, near Cincinnati, calling the attention of the Association to his Psychological Journal, of which copies were laid on the table by the Secretary, Dr. Buttolph.

Dr. Tyler, from the Committee to select a place for the next meeting, said that they named the city of Washington.

Dr. Ray moved an amendment, that Providence, R. I., be substituted for Washington. He farther moved that the next meeting be held two years from that date.

Dr. Stribling would suggest that the future meetings of the Association should be so arranged as to meet at the same time and place as the American Medical Association. He thought it would lead to good results, by enabling them to diffuse information, on the specialty to which they applied themselves, among their professional brethren otherwise engaged.

Dr. Kirkbride thought Dr. Stribling's suggestion utterly impracticable. For the short period during which the Association met, the business brought before them gave ample employment to its members; and he considered it most important that they should keep themselves entirely distinct from all other bodies whatever.

Dr. Bell thought that the locality of new asylums offered a very desirable point of meeting, as it would induce a harmony of action, by causing new institutions to send their superintendents to attend the meetings. It would also create a more general desire in the community to reap the benefit of what experience the Association may have.

Dr. Ray's opinion was that the Association exerted no influence whatever upon the community other than through its publications.

Dr. Kirkbride was of opinion that the influence of the Association would be much impaired were its meetings to be held less frequently than at present.

The amendments proposed by Dr. Ray having been separately put to the meeting by the Chairman, were severally rejected, and the nomination of the Committee very generally supported.

Dr. Kirkbride, from the Committee appointed last year to draw up a series of propositions embodying the views of this Association relative to the organization of Hospitals for the Insane, then read a draft of the results of their labour.

The first two propositions were then discussed at some length.

Dr. Steuart, President of the Board of Directors of the Maryland Hospital, by invitation, explained the organization of that asylum, and gave a very interesting, and in some degree detailed, historical ac-

count of the institution from its foundation up to the present time.

The farther discussion of the propositions was then adjourned, on motion of Dr. Kirkbride, in order that a paper prepared by Dr. Stokes be then read.

Dr. Stokes then read a paper "On the Advantages and Expediency of establishing, in each State or other District, a Board or Commission of Experts, for the purpose of investigating and testifying in trials, criminal and civil, where the question of mental soundness is involved."

Dr. Bell read a paper, which, being on the same topic as Dr. Stokes's,

On motion of Dr. Stribling, were both laid on the table, the discussion of the two to be taken up together.

Adjourned at 2 P. M., to meet at the Maryland Hospital at 4 P. M.

Carriages being then in waiting to convey the members to the Maryland Hospital, they proceeded there at once. The Institution is located in the suburbs of the city, on a gentle elevation. Under the guidance of Dr. Stenart, President of the Board of Directors, and Dr. Fonerden, the resident physician, they examined the establishment thoroughly, and expressed themselves as much gratified with the neatness and good order observable, and the general appearance of comfort among the patients. The very limited extent of land belonging to the Institution is a great drawback, as not giving a field for the exercise of that manual labour which is now considered so necessary an adjunct to medical treatment in the cure of insanity, and in maintaining the physical health of patients. This deficiency, however, Dr. Fonerden seems to remedy, as far as in his power, by the systematized walks of patients in the airing-courts of the Hospital. But this defect will be farther and entirely obviated at the new asylum which is now in course of erection, and which has 130 acres of land attached to it. During their visit to the hospital, the members partook of a very bountiful and elegant repast prepared for them. They also held a session in one of its spacious rooms. An unusually lengthened and animated discussion was had of the "Propositions" read in the morning by Dr. Kirkbride, in the course of which many interesting facts were elicited, which, were we to dwell upon, would extend our report beyond our utmost limits. Each proposition was taken up in detail, and some verbal alterations and additions made The propositions, as now laid before our readers, have the unanimous approval of the Association, and are the well-matured views and sentiments of its members.

Adjourned.

Evening Session.

The members having assembled in their Session Room,

On motion of Dr. Kirkbride, Dr. Bell was appointed chairman of a committee on resolutions, to express the sense of the Association with reference to the courtesy and generous hospitality extended to its members during their stay in Baltimore, and also with regard to the visits paid by them to various public institutions. Drs. Stribling and Kirkbride were afterwards added to the committee.

The Treasurer, Dr. Kirkbride, reported from the Finance Committee, that no expenses had been incurred, and consequently that the balance remaining in his hands was the same as last year.

The papers read by Drs. Bell and Stokes in reference to the criminal insane, and to the subject of medical testimony generally in criminal and civil questions where the question of mental soundness is involved, were discussed.

Dr. Kirkbride read a paper "On the Forcible Administration of Food in order to preserve Life." A brief discussion on the subject was held.

On motion of Dr. Patterson, it was

Resolved, That this Association regards with continued admiration and unabated interest the benevolent and unwearied efforts of Miss D. L. Dix to secure ample provision for the proper care and treatment of the insane of our country, and that she is entitled to our warmest sympathies and our co-operation in her efforts to promote the great cause of philanthropy.

Resolved, That the Secretary be instructed to furnish Miss Dix with a copy of these resolutions.

Then adjourned to meet in the City of Washington at 11 A. M. on Friday.

Fourth Day.

The members of the Association left Baltimore in the 9 A. M. train, and on their arrival in Washington found carriages prepared to convey them to the site of the

new United States Hospital for the Insane of the Army and Navy, and of the District of Columbia, and for the erection of which an appropriation of $100,000 was made by the last Congress. The farm selected is about two miles from the Capitol, and is admirably calculated for the purpose intended, having privacy, beautiful scenery, and unusual facilities for the various arrangements desirable about such an institution. Dr. C. H. Nichols, who has been appointed Superintendent, is directing the building operations, and is admirably qualified, by habits, education, and previous pursuits, for his important post. If the Government carries out this object with the good judgment thus far shown, the institution will be one of which the whole country may feel proud.

After visiting the capitol, the Smithsonian Institute, and other points of interest in the city, the members of the Association, by special appointment, paid their respects to President Pierce, by whom they were most courteously received at the Executive mansion.

The President expressed his gratification at meeting such a body of scientific men, and his deep interest in the cause in which they are engaged. He had himself been a Trustee of the New Hampshire State Hospital up to the time of his removal to Washington, and fully appreciates the importance of a wise and liberal provision for all this class of the afflicted.

After leaving the President's, the Association met at Willard's Hotel, to complete the business for which they had assembled.

The propositions relative to the organization of Hospitals for the Insane, agreed to yesterday, were directed to be entered on the minutes and published as the unanimous sentiments of the Association on the subjects referred to; and it was recommended to the different superintendents to publish them, with those previously adopted, as an appendix to their Annual Reports, for the purpose of giving them more general publicity.

As customary, resolutions of thanks to the Trustees and Directors of the various institutions visited by the Association, also to Dr. Steuart, Dr. Nichols, and Mr. Jackson, proprietor of the Eutaw House, in Baltimore, were then moved and unanimously agreed to.

The Association then adjourned to meet at the City of Washington, on the second Tuesday of May, 1854, at 10 o'clock A. M.

After their adjournment, the members partook of an elegant dinner, provided by Dr. Nichols, at Willard's Hotel, presided over by the Mayor of Washington, and attended by several of the prominent physicians of the District.

On the Organization of Hospitals for the Insane.

I. The general controlling power should be vested in a Board of Trustees or Managers, if of a State institution, selected in such manner, as will be likely most effectually to protect it from all influences connected with political measures or political changes; if of a private corporation, by those properly authorized to vote.

II. The Board of Trustees should not exceed twelve in number, and be composed of individuals possessing the public confidence, distinguished for liberality, intelligence, and active benevolence; above all political influence, and able and willing faithfully to attend to the duties of their station. Their tenure of office should be so arranged, that where changes are deemed desirable, the terms of not more than one-third of the whole number should expire in any one year.

III. The Board of Trustees should appoint the Physician, and on his nomination, and not otherwise, the Assistant Physician, Steward, and Matron. They should, as a Board, or by Committee, visit and examine every part of the institution, at frequent stated intervals, not less than semi-monthly, and at such other times as they may deem expedient, and exercise so careful a supervision over the expenditures and general operations of the Hospital, as to give to the community a proper degree of confidence in the correctness of its management.

IV. The Physician should be the Superintendent and Chief Executive Officer of the establishment. Besides being a well educated physician, he should possess the mental, physical, and social qualities, to fit him for the post. He should serve during good behaviour, reside on, or very near the premises, and his compensation should be so liberal as to enable him to devote his whole time and energies to the welfare of the hospital. He should nominate to the Board suitable persons to act as Assistant Physician, Steward, and Matron; he should have the entire control of the medical, moral,

and dietetic treatment of the patients, the unrestricted power of appointment and discharge of all persons engaged in their care, and should exercise a general supervision and direction of every department of the Institution.

V. The Assistant Physician, or Assistant Physicians, where more than one are required, should be graduates of medicine, of such character and qualifications as to be able to represent and to perform the ordinary duties of the Physician during his absence.

VI. The Steward, under the direction of the Superintending Physician, and by his order, should make all purchases for the institution, keep the accounts, make engagements with, pay and discharge those employed about the establishment; have a supervision of the farm, garden, and grounds, and perform such other duties as may be assigned him.

VII. The Matron, under the direction of the Superintendent, should have a general supervision of the domestic arrangements of the House, and under the same direction, do what she can to promote the comfort and restoration of the patients.

VIII. In institutions containing more than 200 patients, a second Assistant Physician and an Apothecary should be employed, to the latter of whom, other duties, in the male wards, may be conveniently assigned.

IX. If a Chaplain is deemed desirable as a permanent officer, he should be selected by the Superintendent, and like all others engaged in the care of the patients, should be entirely under his direction.

X. In every Hospital for the Insane, there should be one Supervisor for each sex, exercising a general oversight of all the attendants and patients, and forming a medium of communication between them and the officers.

XI. In no institution should the number of persons in immediate attendance on the patients be in a lower ratio than one attendant for every ten patients; and a much larger proportion of attendants will commonly be desirable.

XII. The fullest authority should be given to the Superintendent to take every precaution that can guard against fire or accident within an institution, and to secure this an efficient night-watch should always be provided.

XIII. The situation and circumstances of different institutions may require a considerable number of persons to be employed in various other positions, but in every hospital, at least all those that have been referred to are deemed not only desirable, but absolutely necessary, to give all the advantages that may be hoped for from a liberal and enlightened treatment of the insane.

XIV. All persons employed in the care of the insane should be active, vigilant, cheerful, and in good health. They should be of a kind and benevolent disposition, be educated, and in all respects trustworthy, and their compensation should be sufficiently liberal to secure the services of individuals of this description.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association. Circular of Committee of Publication to the Members of the Association.—In conformity with a resolution of the American Medical Association, it becomes my duty to inform you of the decision of the Committee of Publication in regard to the price at which the forthcoming volume of *Transactions* will be furnished to the members of the Association and to others.

The price of *single copies* has been fixed by the Association at *five dollars.*

Any *individual* desiring two copies, will be furnished with them upon his remitting to the Treasurer *nine dollars.*

Societies, associations, and institutions requiring six copies for the use of their members, will be supplied with them on remitting to the Treasurer *twenty-five dollars*, or they will be supplied with twenty-five copies on remitting *seventy five dollars.*

Those who wish volumes 5 and 6, may obtain them by remitting *eight dollars.*

In consequence of the numerous illustrations, many of them highly-finished coloured lithographs, with which the forthcoming volume will be accompanied, its cost will considerably exceed that of either of those previously issued by the Association. To defray the cost of its publication, at least *fifteen hundred dollars*, in addition to the amount already received by the Treasurer, will be required.

Your attention is called to the following

resolution adopted at the last session of the Association.

"*Resolved*, That the delegates from the several States be requested to appoint committees, who shall aid the Committee of Publication in procuring subscribers for and in distributing the annual *Transactions* of the Association."

D. FRANCIS CONDIE, *Treas.*
And Chair. Com. Pub. A. M. A.

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New Hampshire State Medical Society.—At the annual meeting of this Society, held on the 31st day of May last, the following resolutions, presented by Dr. PARKER, of Concord, were unanimously adopted:—

Resolved, That it is the decided opinion of the New Hampshire State Medical Society, that no delegate should be admitted to membership in the National Medical Association, who represents a medical society which numbers among its members any person or persons adopting as their system of practice any form of empiricism.

Resolved, That the Secretary of this Society be instructed to transmit a copy of the preceding resolution to the Secretary of each of the State Medical Societies, and to the Secretary of the National Medical Association previous to the next meeting.—*New Hampshire Journ. Med.* July, 1853.

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Weather in Philadelphia in June, 1853.—Though the mean temperature of June has, according to Pierce's record, twice within the last sixty-four years, been greater than the month just passed, yet it is believed that at no time within that period has there been such a continued succession of very warm days. During four days, embracing the summer solstice, the mercury rose to 90 deg.; on one day, to 92; one day, to 95; on three days, to 96; and the mid-day heat of one day, the 22d, was, in the shade, 97 deg., Fahrenheit's scale.

Our whole summer but seldom furnishes more than ten days in which the mercury rises to 90 deg.; and yet, the first summer month, this year, has furnished that quota.

The continued heat of the latter part of the month was rendered more oppressive by the almost total absence of refreshing showers, scarcely less needful, in our climate, to the health of men than of plants. When it is remembered, also, that in the sun's rays, on a tolerably clear day in summer, it is about 30 deg. warmer than in the shade, it should not surprise us that, to a considerable number so exposed, the extreme heat of the month proved suddenly fatal, by producing congestion of the brain or apoplexy.

The average temperature of this month, for Philadelphia, is 71.41 deg. Three times in sixty years, viz., in 1822, 1825, and 1838, the average has risen to 75; twice, viz., in 1793 and in 1853, to 76; and in 1828 and 1831, the average rose, according to Pierce, to the unequalled height of 77 degrees. Once, also, in the same lengthened period, the average temperature of the month has fallen as low as 66 deg.; in 1833, it fell to 65; and in the summer of 1816, noted for its extreme coldness, the average temperature of the sixth month in Philadelphia is recorded at 64 degrees. Giving an extreme range for the month from 64 to 77, or 13 degrees in sixty years.

By collating the monthly fall of rain, as recorded at the Pennsylvania Hospital, from 1825 to the present time, it appears that the average fall for the sixth month is 3.85 one-hundredths inches; that the least fall there recorded for the same month, up to the present year, was one and fifty-five one-hundredths of an inch in 1832. The fall of rain this year, for the month under review, was one and five one-hundredths of an inch only; or one-half inch less than for any June in the last twenty-nine years. This 1.20 inch of rain fell in seven showers, six of which were attended with thunder and lightning. But though the fall of rain has been so slight, and the heat so great, the growing crops have suffered less in this vicinity than might have been anticipated, rain having been abundant during the spring months.

The range of the thermometer for the month was from 56, on the morning of the 1st, to 97, on the afternoon of the 22d, or 31 degrees.

Of the 30 days in the month, winds were

Westerly	the whole or a part of		26	days.
Easterly	"	"	8	"
Northerly	"	"	16	"
Southerly	"	"	21	"

The first three weeks in the month were more than usually healthy, the weekly mortality being 135 to 153; while the intense heat of the fourth week suddenly swelled

the list to 251. The whole number of deaths from all causes in the four weeks following within the month, as reported from the Health Office, was 681, which is six more than for the same period last year.

P. S.

Days of month.	THERMOMETER.			WIND—COURSE AND FORCE.		REMARKS.
	Sunrise.	2 P.M.	Mean.	Sunrise.	2 P.M.	
1	56	75	65½	N. by E. 2	N. E. 3	Clear, cloudy.
2	61	70	65½	N. E. 2	S. 1	Slight shower, cloudy.
3	60	86	73	S. 3	S. W. 4	Overcast, clear, lightning in W.
4	62	82	76	N. N. W. 2	N. W. 4	Clear, cloudy.
5	62	84	68	N. E. 1	S. 2	Overcast, cloudy.
6	60	80	70	N. by S. 2	S. S. W. 3	Cloudless, clear.
7	66	82	74	S. S. W. 3	S. S. W. 2	Overcast, some sun, thundershower 3 P. M.
8	65	80	72½	N. 4	N. W. 3	Clear.
9	62	83	72½	N. 2	S. W. 3	Cloudless, clear.
10	60	84	72	N. 2	S. W. 2	Cloudless, clear.
11	65	87	74½	N. W. 1	S. W. 1	Cloudless, smoky.
12	70	84	77	N. E. 2	N. E. 2	Clear, cloudy.
13	63	78	70½	E. 1	S. W. 3	Haze or smoke, fair.
14	68	90	79	S. W. 2	S. E. 1	Cloudy, clear, lightning in N. W.
15	70	90	80	N. E. 1	S. W. 2	Clear.
16	70	90	80	S. W. 1	S. W. 2	Cloudless, clear, lightning in N. W.
17	72	92*	77	S. W. 1	N. W. 3	Cloudless (shower at night), thundershower at 2½ P. M.
18	68	85	76½	N. W. 2	W. N. W. 3	Cloudless, clear.
19	70	90	80	S. W. 2	S. W. 2	Clear.
20	74	96	85	S. W. 2	S. W. 2	Clear.
21	76	96	86	S. W. 1	S. W. 3	Cloudless, clear.
22	78	97	87½	S. W. 2	S. W. 3	Fair, clear, Ther. 91 at 7 P. M.
23	79	95	87	calm	S. W. 3	Clear, fair, thundershower at 8½ P. M.
24	72	82	77	N. W. 3½	N. W. 5	Cloudy, fair, cloudless.
25	65	79	72	N. N. W. 3	N. 4 3	Cloudless, clear.
26	61	79	70	N. W. 1	N. W. 2	Cloudless, clear.
27	68	86	77	S. 2	S. W. 4	Overcast, cloudy, thundershowers 9½ P. M.
28	73	88	80½	calm	N. E. 3	Cloudy, clear.
29	68	86	77	S. W. ½	S. S. W. 1	Overcast, clear.
30	73	96	84½	S. W. ½	S. W. 1	Cloudy, clear, thundershower in evening.
	67.46	85.40	76.43	1.71	2.56	Monthly mean.

* This observation was at 1 P. M., or the maximum; at 2 P. M. it had fallen 10 degrees.

Prosecutions of Medical Men.—In our previous number, p. 110, we alluded to several suits brought against medical men upon the alleged plea of malpractice, but in which the real motive we suspect to have been to raise money, and ought to have subjected the plaintiffs to the penalty of "obtaining money under false pretences."

Another case, in addition to those already noticed, has occurred, which, if the following statement in regard to it, from the *Vermont Chronicle*, be correct, is well calculated to alarm medical men, and awaken them to the necessity of adopting some measures to protect themselves from being fleeced by an ungrateful patient or victimized by an ignorant jury. The victim in the following case is Dr. Dixi Crosby, the Professor of Surgery at Dartmouth College, and one of the ablest surgeons in his State. We feel it difficult to find words sufficiently strong to express the iniquity of the verdict:—

"In April, 1845, Dr. Crosby was called upon to visit one Lorenzo Slack, of Norwich, Vt., who had been severely injured by the fall of a bank of earth upon him; but declined going on account of sickness. A physician residing in Vermont, who was present at the time, volunteered to go and see the injured man, and did go. Another neighbouring physician was also called, and the two upon examination found the left thigh of Slack badly broken, high up, in two places. Regarding it as a severe case, they concluded to go to Hanover, and consult Dr. Crosby in regard to dressing the injury, and also procure splints for the purpose. They did go, and on examination of books there, decided to use a particular

kind of splint, and ordered it to be made. At their earnest solicitation, Dr. C. went to Norwich, and assisted in putting the patient into the splint, which had been previously prepared. Here ended all connection of Dr. C. professionally with the case He only saw him once afterwards—about two weeks after the injury—and then called at the earnest request of the attending physician, and gave some general advice to the patient on the importance of remaining as quiet as possible, to facilitate the healing of his limb, expressly stating to him that he assumed and could take no professional responsibility in his case. Slack remained at the house where he was carried after receiving his injuries, a month or more, under the care of a respectable physician of Norwich, during which time the fracture healed remarkably well, and the leg was not more than a quarter of an inch shorter than the other at the time, when, against the remonstrance and protest of his physician, he insisted upon being carried to his home. He was thus carried—he recovered with a bad limb, and about six years afterwards commenced an action against Dr. C. for malpractice, which has resulted in a verdict by the jury in favour of the plaintiff."

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Medical Graduates in 1853.

University of Pennsylvania . .	160
University of Maryland . . .	60
Medical College of Georgia . .	50
Med. Dep. of St. Louis University .	33
Med. Dep. of Univ. of Missouri .	26
University of Nashville . . .	36
Med. Dep. of Hampden Sidney Coll.	26
University of Louisville . . .	87

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Buffalo Medical College.—Dr. Austin Flint has resigned the Professorship of Theory and Practice of Medicine in this school, and Dr. Thomas F. Rochester has been appointed in his place.

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Hampden Sidney College. — The new chair of Physiology and Medical Jurisprudence recently created in this school, has been filled by the election of Dr. G. A. Wilson.

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University of Virginia.—Dr. Socrates Maupin has been elected Professor of Chemistry in this institution, to fill the vacancy caused by the resignation of Dr. Smith.

Tribute to the Memory of Drs. Chapman and Horner.—Pursuant to a call made by several of the physicians of Mobile, quite a large meeting of the Graduates of the Medical Department of the University of Pennsylvania, was held at Dr. Lee Fearn's office on Monday morning, the 18th instant, to express their sense of the loss that the Profession of Medicine had sustained in the recent death of Professors Nathaniel Chapman and Wm. E. Horner, and to devise some method of paying a lasting tribute to their memories.

Dr. S. Mordecai was called to the Chair, and Dr. Geo. A. Ketchum appointed Secretary.

On motion of Dr. John P. Barnes, a committee of four was appointed to draft resolutions and propose a plan of accomplishing the objects had in view.

The Chair appointed the following committee: Drs. John P. Barnes, R. Lee Fearn, E. P. Gaines, and Geo. A. Ketchum.

At a subsequent meeting, held on Tuesday, 19th instant, the committee reported the following preamble and resolutions :—

Whereas, It hath pleased Divine Providence to remove from the sphere of their usefulness, our much respected and honoured instructors, Drs. Nathaniel Chapman and Wm. E. Horner; and whereas, in our opinion such services as they have rendered the cause of Medical Science and our "Alma Mater," deserve some especial and lasting tribute; and whereas, it was our peculiar privilege to receive instruction from their lips, and to have held up before us their bright examples of zeal and devotion to their profession, and high and honourable conduct in their private life—feelings of respect and esteem for them, and pride for the Science which they have so honoured, have prompted us to meet together to give form and expression to the sentiments that fill our hearts in view of the bereavement that their deaths have occasioned. Be it therefore

Resolved, That in the death of Professors Nathaniel Chapman and Wm. E. Horner, our time-honoured Alma Mater has lost two of its most indefatigable teachers, the city of Philadelphia two of its most respected and esteemed citizens, and the Profession of Medicine two of the most zealous contributors to the facts upon which that science has erected an enduring foundation.

Resolved, That as former pupils of these distinguished Professors, we especially

know how to appreciate the loss that our profession has sustained—and though we know that the rich treasures of knowledge that they have left as a legacy to Medical Science will perpetuate their names as long as the truths of that science last; still we, the Alumni of the school, with whose glory their names are so inseparably entwined, would do something more to place their services and their virtues as a shining mark by which to direct the steps of future aspirants for the honours and the fame which reward the zealous, the industrious, and the faithful in our noble science.

Resolved, That in furtherance of the above resolution, we do hereby call upon the Alumni of the Medical Department of the University of Pennsylvania throughout the world to contribute the sum of *one dollar* each, on or before the 25th of December next, to defray the expenses of erecting a suitable monument to their memories, in the University yard in Philadelphia; that such contribution be sent to the Dean, or any member of the present Faculty, to be used by them for that purpose so soon as, in their judgment, a sufficient sum shall have been received.

Resolved, That all medical journals and all papers which may approve this object, be requested to give the action of this meeting publicity, and to further the objects of these resolutions as much as may be in their power.

Resolved, That a copy of these proceedings be sent to the respective families of the deceased, and to the Faculty of the Medical Department of the University of Pennsylvania.

The above report of the Committee was accepted, and

On motion of Dr. F. A. Ross, the city papers were requested to publish the same.

Nothing farther being brought forward for consideration the meeting adjourned *sine die*.

S. MORDECAI, *Chairman*.

GEO. A. KETCHUM, *Secretary*.

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Obituary Record,—It is with feelings of the deepest grief, that we record the death of NATHANIEL CHAPMAN, M. D., which took place in this city on the evening of the 1st of July last, in the seventy-fourth year of his age. No physician in this country was more extensively known or more highly esteemed than was Dr. Chapman. For more than thirty years, he filled the chair of Practical Medicine in the University of Pennsylvania, adding largely to the renown of that celebrated school, and attracting to it unprecedentedly large classes. His pupils almost idolized him, and they will learn with grief that the eloquent voice which instructed them is now silent. For nearly half a century, he was extensively engaged as a practitioner. His extraordinary professional tact, and the fertility of his remedial resources, drew to him patients from every quarter to seek his advice in difficult cases, who will lament that the skill which so often relieved, and the kindliness and sympathy which always soothed and comforted them, is no longer attainable. Generally regarded as the head of the profession in this country, that position was formally awarded to him on the formation of our great National Association, which unanimously elected him as their first President. Eminently distinguished as Dr. Chapman was for professional skill, he was not less loved for his social qualities; and his absence will be lamented from the social circle, where the liveliness of his manner, his sparkling wit, his fine literary taste, the charms of his conversation, the kindliness of his heart, and his generous feelings, made him always the centre of attraction. His friends can look for consolation only in the memory of his numerous virtues, and in the advantage of his illustrious example.

——Died at Louisville, in the ninetieth year of his age, CHARLES CALDWELL, M. D., for many years Professor of Institutes of Medicine in Transylvania University, and in the Medical College of Louisville, Ky.

FOREIGN INTELLIGENCE.

Table Turning. — This absurdity has gained numerous adherents in England, and to such an extent has the popular delusion been carried, that a medical journalist has not thought it beneath his dignity to enter into a serious investigation of the fiction, and even Professor Faraday has condescended to examine the subject and point out the source of error.

Our readers may desire to learn what has been said on the subject, and we therefore extract some remarks from an editorial in the *Medical Times and Gazette*, and an

account of some of the experiments by Professor Faraday.

"When a number of persons," says the editor of the *Medical Times and Gazette*, "sit or stand round a table, their fingers resting slightly upon it, it frequently, though not invariably, happens that the table begins to move; as soon as this motion is perceived, the experimenters follow its course, and turn round and round with more or less velocity; but, as soon as the hands are removed from the table, it gradually stops.

"The latter part of the experiment—namely, the rotation of the table—involves a fallacy, for the rapidity of its movement is in no degree owing to any inherent power of motion in itself, but is solely due to the force unconsciously exerted upon it by the experimenters, and the velocity of the motion is entirely and directly proportionate to the amount of force expended upon it, in addition to the momentum it has already acquired in passing from a state of rest to one of motion. The table no more compels the persons to follow its movements than the garden-roller drags the gardener who pushes it before him; in both cases, the *vis à tergo* is the moving force, and the table and the garden-roller do no more than obey the impulse communicated to them.

"It must, however, be admitted that the *first* movement of the table is not so easily explained, for the results of our own experiments, and those of other persons fully deserving of confidence, have placed the fact beyond a doubt that this movement of the table is performed without any *conscious* effort on the part of the experimenters. It remains, therefore, to be shown by what mechanism this effect is produced, and we shall have no difficulty in solving the problem by reference to physiological principles which are well known to the profession. The fact is, that the movement in question is due to *involuntary* muscular action at the ends of the fingers exerted upon the table. The *direction* of the movement is regulated, not by the *will*, but by the dominant *idea* in the mind, and the term *ideo-motor* may very properly express the action in question. It is necessary, however, to explain more fully the class of effects to which the term *ideo-motor* may be applied.

"It is well known that the movements of the human body may be divided into *voluntary* and *involuntary*. The actions of walking, of playing musical instruments, etc., are instances of the first; those of circulation and digestion are examples of the second. But there is also a class of actions, comprising the ordinary phenomena of motion, which are certainly not under the control of the *will*, but which, nevertheless, are directed by the emotions, or the *ideas*. Thus, the somnambulist walks in obedience to some mental impulse, while the will is dormant; and the person who dreams, often executes movements in which the will has no part, but which are excited by *ideas* or emotions. Again, although the will has no control over the action of the heart and arteries, yet the *ideas* and *emotions* exercise a distinct influence upon those organs; and when attention is directed to their pulsations in nervous persons, the movements have been accelerated or retarded, or have become intermittent. Now, in all these cases, the ideas or the emotions act upon and direct the movements without the intervention of the will. In the case of table-turning, the ideas are concentrated upon the expected movement, and the muscular apparatus of the fingers obeys, unconsciously to the experimenter, the dominant impression in the mind.

"When a table is readily movable upon its feet, or upon casters, a small amount of force, voluntarily applied by the fingers, will cause it to revolve. This mobility is still more obvious when the force is distributed uniformly by a number of persons all round the table.

"The amount of muscular force necessarily concerned in accomplishing the revolution is readily procured, independently of will. Let four or five persons place their distributed fingers upon some surface, and retain their position for a few minutes unrelieved by change; let there be an expectation of some possible result, and there will soon be perceived a tingling in the skin, along the course of the muscles, and a degree of tension, which, without volition altogether, eventuates in *reflex*, or, as it would be styled in common language, *involuntary* action. In table-moving, there need not be any voluntary movement, for muscular tension, provoked by irritation, sensation, emotion, or fixed attention, will produce sufficient action to accomplish the expected result."

In order to demonstrate the true character of these phenomena, the editor of the

Med. Times and Gaz. performed some very conclusive experiments, for the particulars of which we must refer to the number of that journal for June 11.

Professor Faraday carried on his investigations with parties, as he says, "very honorable, very clear in their intentions, successful table-movers, very desirous of succeeding in establishing the existence of a peculiar power, thoroughly candid and very effectual." He could not obtain the slightest trace of electrical or magnetic effects, or the smallest indication of any peculiar natural force, nor anything more than mere mechanical pressure, exerted inadvertently by the persons around the table. He, therefore, proceeded to analyze that part of the pressure exerted in a horizontal direction:—

"A soft cement, consisting of wax and turpentine, or wax and pomatum, was prepared. Four or five pieces of smooth, slippery cardboard were attached, one over the other, by little pellets of the cement, and the lower of these to a piece of sand-paper resting on the table; the edges of these sheets overlapped slightly, and on the under surface a pencil-line was drawn over the laps, so as to indicate position. The upper cardboard was larger than the rest, so as to cover the whole from sight. Then the table turner placed the hands upon the upper card, and we waited for the result. Now, the cement was strong enough to offer considerable resistance to mechanical motion, and also to retain the cards in any new position which they might acquire, and yet weak enough to give way slowly to a continued force. When, at last, the table, cards, and hands all moved to the left together, and so a true result was obtained, I took up the pack. On examination, it was easy to see, by the displacement of the parts of the line, that the hand had moved farther than the table, and that the latter had lagged behind; that the hand, in fact, had pushed the upper card to the left, and that the under cards and the table had followed and been dragged by it. In other similar cases, when the table had not moved, still the upper card was found to have moved, showing that the hand had carried it in the expected direction. It was evident, therefore, that the table had not drawn the hand and person round, nor had it moved simultaneously with the hand. The hand had left all things under it behind, and the table evidently tended continually to keep the hand back.

"The next step was, to arrange an index which should show whether the table moved first, or the hand moved before the table, or both moved or remained at rest together. At first, this was done by placing an upright pin, fixed on a leaden foot upon the table, and using that as the fulcrum of a light lever. The latter was made of a slip of foolscap paper, and the short arm, about a quarter of an inch in length, was attached to a pin proceeding from the edge of a slipping card placed on the table, and prepared to receive the hands of the table-turner. The other arm, of eleven and a half inches long, served for the index of motion. A coin laid on the table marked the normal position of the card and index. At first, the slipping card was attached to the table by the soft cement, and the index was either screened from the turner, or the latter looked away; then, before the table moved, the index showed that the hand was giving a resultant pressure in the expected direction. The effect was never carried far enough to move the table, for the motion of the index corrected the judgment of the experimenter, who became aware that, inadvertently, a side force had been exerted. The card was now set free from the table, *i. e.* the cement was removed. This, of course, could not interfere with any of the results expected by the table-turner, for both the bundle of plates spoken of, and single cards had been freely moved on the tables before; but now that the index was there, witnessing to the eye, and, through it, to the mind of the table-turner, not the slightest tendency to motion either of the card or of the table occurred. Indeed, whether the card was left free, or attached to the table, all motion or tendency to motion was gone. In one particular case, there was relative motion between the table and the hands. I believe that the hands moved in one direction; the table-turner was persuaded that the table moved from under the hand in the other direction. A gauge, standing upon the floor, and pointing to the table, was, therefore, set up on that and some future occasions—and then, neither motion of the hand nor of the table occurred."

When a more perfect lever apparatus was constructed and used,

"The result was, that when the parties

saw the index it remained very steady; when it was hidden from them, or they looked away from it, it wavered about, though they believed that they always pressed directly downwards; and, when the table did not move, there was still a resultant of hand force in the direction in which it was wished the table should move, which, however, was exercised quite unwittingly by the party operating. This resultant it is which, in the course of the waiting time, while the fingers and hands become stiff, numb, and insensible, by continued pressure, grows up to an amount sufficient to move the table or the substances pressed upon. But the most valuable effect of this test-apparatus (which was afterwards made more perfect, and independent of the table), is the corrective power it possesses over the mind of the table-turner. As soon as the index is placed before the most earnest, and as soon as they perceive—as in my presence they have always done—that it tells truly whether they are pressing downwards only or obliquely, then all effects of table-turning cease, even though the parties persevere, earnestly desiring motion, till they become weary and worn out. No prompting or checking of the hands is needed—*the power is gone;* and this only because the parties are made conscious of what they are really doing mechanically, and so are unable unwittingly to deceive themselves. I know that some may say, that it is the cardboard next the fingers which moves first, and that it both drags the table and also the table-turner with it. All I have to reply is, that the cardboard may, in practice, be reduced to a thin sheet of paper weighing only a few grains, or to a piece of goldbeaters'-skin, or even the end of the lever, and (in principle) to the very cuticle of the fingers itself. Then the results that follow are too absurd to be admitted; the table becomes an incumbrance, and a person holding out the fingers in the air, either naked or tipped with goldbeaters'-skin or cardboard, ought to be drawn about the room, &c.; but I refrain from considering imaginary, yet consequent results, which have nothing philosophical or real in them."

The editor of the *Med. Times and Gaz.*, in publishing Professor Faraday's experiments, remarks they "will serve to put a final close to one of the most singular chapters in the history of popular delusions. The philosopher may well be ashamed that, in the present age, and in this part of the world, such a series of experiments should ever have been required. It shows a wide-spread disease of the public mind. Well may Mr. Faraday exclaim, that the system of education 'that could leave the mental condition of the public body in the state in which this subject has found it, must have been greatly deficient in some very important principle.' We must all bestir ourselves in the cause of national education, if we ever wish to see the follies of Mesmerism, Homœopathy, Table-turning, or Spirit-rappings, received by the people with anything like cautious reflection or sound judgment."

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Death from Chloroform.—M. De Vallet, Surgeon-in-Chief of the Hôtel-Dieu, d'Orleans, communicated to the Society of Surgery the following case:—

A soldier of the line, aged 25, apparently in good health, and of strong frame, consulted M. Vallet for a small tumour (encysted?) situated behind the right labial commissure. Before operating, M. Vallet proceeded to direct the inhalation of chloroform. The patient, fasting, being placed in the horizontal posture, the chloroform (about one gramme, or gr. xx.) was poured upon a hollow sponge and applied to the nose, the mouth being left free. At the expiration of a minute, no effect having been produced, four grammes (rather more than a drachm and a quarter) were poured on the sponge, and, at the expiration of four minutes, the patient, without having experienced any irritation of the larynx, without having manifested any resistance, without redness of the countenance, and after only a slight period of agitation, fell into a state of insensibility fit for the operation. Scarcely had the incision been made, necessary to expose the cyst, when the patient became pale, respiration was suspended, and he sank into a state of extreme collapse. All the usual remedies were tried, and without avail. M. Vallet opened the trachea, and performed artificial respiration with an elastic tube; then an electric current was sent by needles through the region of the heart. The patient died without any sign of reaction.

Examination of the Body.—The vessels of the brain were empty; the lungs were congested with blood, which, in some situa-

tions, was extravasated; the heart was excessively flaccid; there were some soft clots in the right cavities; the left were empty. The stomach was full of gas; the liver, spleen, and kidneys were gorged with black blood. The blood from the subclavian veins was analyzed by an experienced chemist, but no trace of chloroform was detected.

Death, according to the author, seems to ensue under two conditions:—

1. It is preceded by symptoms resembling those of asphyxia, when first respiration, and then circulation cease.

2. Life seems extinguished yet more quickly in profound syncope.—*Med. Times and Gaz.* July 9, 1853.

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Death from Chloroform in Paris. Trial of the Surgeon and his Assistant.—M. Triquet and M. Masson gave chloroform, on the 15th of February, 1853, to a young man of twenty-four, previous to the removal of a tumour situated on the cheek; the patient died of the effects of the anæsthetic agent. The practitioners were tried for the so-called offence, and, in spite of the testimony of the leading physicians and surgeons of Paris, were found guilty of homicide by imprudence. The reasons alleged by the judge were, that the operation was performed in a room not sufficiently ventilated, that the prisoners used chloroform without necessity, and that they had not taken any precaution in case an accident should happen. The fine was £2. Messrs. Triquet and Masson have, with the assistance of the Medical Society, appealed to a higher court. —*Lancet*, June 4, 1853.

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Adulteration of Chloroform.—Dr. A. Todd states: I cannot help thinking, that some of the cases of death from chloroform have been more the effect of an indiscreet mode of administering the anæsthetic agent than from the real effects of chloroform upon the system, for I have frequently seen it administered in the most careless manner. I have seen a patient held down, and an inhaler put close to his mouth, with the sponge filled with chloroform, and held there, notwithstanding the most violent struggles, until at last he is choked into a state of anæsthesia, the pain of this process being much more severe than the operation itself. And I have met with people to whom it has been administered, and who strenuously declare, they will never undergo such punishment again; they would much rather suffer the most severe operation than the sensation of smothering they experienced while the chloroform was being administered to them. —*Med. Times and Gaz.*

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Jenner Monument.—We find in the English Journals the following summary of the amounts collected for the proposed monument to Jenner:—

		£	s.	d.
Collected, U. S. of America,		339	12	8
"	London and Norway,	83	10	4
"	Russia,	100	0	0
"	Other nations,	29	1	1
"	G. Britain and Ireland,	153	2	5

—

Serious and Singular Accident to Professor Lagenbeck.—This professor was suddenly summoned to a lady dangerously ill with dropsy. Without waiting for assistance, he proceeded to puncturation so successfully that he saved his patient from death. Some of the acrid discharge fell upon his hand, which he washed off without taking any farther notice of it; but soon afterwards his hand, arm, and the neighbouring regions throbbed and swelled to a great size, accompanied by febrile and inflammatory symptoms, which left no doubt of the presence of very active animal poison. Fortunately, immediate remedies were applied, and by defeating the agency of the poison, thus happily saved a very valuable life. As a proof of the hold it got upon the system, Professor Lagenbeck's body was covered with eruptions.—*Lancet*, June 4, 1853, from *Berlin Paper.*

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Health in Persia.—The last accounts bring fearful intelligence of the ravages of pestilence and fever in Astraband, Mazraderam, and the Turcoma Desert. In one province, the deaths from cholera number 150 daily. The shah and court have fled to Imama. The towns of Shiraz and Surhan have been all but levelled to the ground by earthquakes, which destroyed 15,000 souls; and to add to the calamity, the Zaïndowed has been dried up, and from its muddy bed a frightful number of locusts arose, scattering in swarms in all directions, to the great dismay of the inhabitants.—*Lancet*, July 9, 1853.

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MEDICAL PROGRESS.

Proceedings of the Montgomery County Medical Society, at its Quarterly Meeting, April, 1853.—The Montgomery County Medical Society met in the hall of the Norristown Hose Company on the 16th inst., at 11½ o'clock A. M. Dr. Winthrop Sargent in the chair.

Roll called. Members present—Drs. Jno. Schrack, Henry Geiger, G. W. Wimley, Wm. A. Piper, L. W. Read, Levi Oberholtzer, J. M. J. K. Reid, Hiram Corson, Wm. A. Vanbuskirk, Jno. Foulke, Benj. Johnson, Winthrop Sargent, E. K. Beaver, Wm. Corson, F. B. Poley, and Hughes.

The minutes of the previous meeting were read and adopted.

Dr. Geiger, chairman of Topographical Report Committee, announced to the Society the great delinquency of members in complying with the request of said Committee; stating that soon after their election they proceeded, in conformity to their duty, to send numerous queries to each member, and up to this date have only received answers from two physicians. Whereupon it was agreed that each member should report in ten days' time. Dr. H. Corson spoke of the propriety of having numerous other queries directed to the members, in reference to local causes of diseases, geology, &c., hoping that such questions would prove more interesting, and consequently be more readily answered.

Drs. E. K. Beaver, H. Corson, and J. Schrack were appointed a committee to audit the Treasurer's account.

Adjourned till 1½ o'clock P. M.

The Society met again at the time specified. Dr. G. W. Wimley was called upon to deliver a lecture, when, upon motion, he was excused on account of soreness of throat.

Dr. E. K. Beaver read a report from the *American Journal of Medical Science*, on Vaccination in Measles.

Dr. H. Geiger reported several cases of barrenness in women, maintaining a view

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that dysmenorrhœa was a frequent cause. In proof of this fact, several cases came under his professional charge, who laboured under this inability. In cases where diagnosis led him to suppose that the aforesaid disease depended on a rheumatic diathesis, the vol. tinct. of guaiac (Dewees) would cure his cases; whilst others, which seemed to depend upon a constriction of the cervix uteri, yielded very happily to the treatment instituted by McIntosh, which consists in dilating the parts with bougies, graduating the size until the cervix becomes flabby. In confirmation of the fact first stated, the doctor concluded by saying that, although some women were married from 10 to 12 years without offspring, after they were treated on rational principles, they were very soon among the enceinte class. Numerous cases were then adduced by the members, in which the first-named treatment was instituted with the same happy results.

Dr. Wm. Corson placed the question before the Society: Are any women known to menstruate during pregnancy? A response of the members proved it to be quite common.

Dr. H. Corson mentioned a singular case of a certain woman in his practice, who always knew the exact time when she became pregnant, and, what was stranger still, could tell the precise day of her confinement. The nurse and doctor were engaged, and a failure at the appointed time was not known. The sensations and feelings were of a strange character, not well understood by the doctor. The attention of the Society was next drawn to some anomalous symptoms of pregnancy, by Drs. Poley, Geiger, and W. Corson, morning sickness in husband and wife, &c. Whilst Dr. Poley knew a case where the husband alone was afflicted with a regular vomit every morning, for the usual length of time.

A case of mutilation and fracture of the tendo-achillis and os calcis was next reported by Dr. W. Corson, which terminated favourably under the cold-water treatment.

Dr. Piper reported a case of scirrhus of the breast, together with considerable enlargement of some of the axillary glands. The doctor performed an operation with very favourable results. Dr. P. also reported a case of a child being born without an anal opening. An operation was performed, cutting three inches through the perineal cellular tissue before he struck upon the rectum; a charpie of lint was introduced, a dose of oil given, and all was well.

Dr. Wimley reported the case of a female, who has been confined to bed for the last seven months. She complains of a very strange and peculiar sensation in the hypogastric region, chills at alternate days, sleeps and fasts by day, and *vice versa*. Pulse normal. Various views were entertained as to the nature of the case, when it was generally concluded by the members that an examination per vagina was rendered necessary, and then that she should be treated accordingly.

Dr. Wm. Corson reported very favourably of codliver oil and iodide of iron in tuberculosis. The experience of nearly all present coincided with the views of Dr. C.

Dr. H. Corson, on Medical Jurisprudence, reported three cases of death from poisoning by mushroom. Also, three cases of fractured skulls of new-born infants, without any known cause.

On motion of Dr. Schrack, a plate for the purpose of furnishing certificates of membership to each member in good standing was to be procured.

On motion of Dr. Hiram Corson, abstracts of the proceedings of this meeting shall be forwarded to the editors of the different papers in the county; also, to the *News and Library*, Philadelphia.

The list of members was then taken into consideration, which, after an animated discussion, was laid over for especial attention at the next meeting.

Dr. E. K. Beaver was appointed to deliver a lecture at the next quarterly meeting.

On motion, it was agreed to adjourn, and meet at Pottstown in July next.

E. K. BEAVER, *Secretary*.

CLINICS.

Clinical Lecture on Colic, delivered at King's College Hospital. By Robert B. Todd, M. D., F. R. S.—Gentlemen: The four cases of colic now in the house will afford us abundant material for a lecture to-day. All of these cases are good examples of the malady, and illustrate how it occurs in connection with particular states of constitution, or particular diatheses.

Now, first, let us inquire, what is colic?

It may be defined as a very painful affection, which comes on more or less rapidly or suddenly, and is caused by an abnormal action of the colon. The pain is not constant, but comes on in violent paroxysms, giving the patient the sensation of a twisting or writhing action going on in the upper part of the belly, generally about and around the navel. A good example of this griping or colicky pain, in a minor degree, is found in that which few have not experienced in their own persons, and which is produced by the influence of certain purgatives. Thus senna will occasion severe griping in many persons; a large dose of calomel, or colocynth, or aloes, or croton-oil, will also cause the same. While the pain is severe, a distinct rumbling is heard and felt by the patient, denoting that the bowel is in active movement, struggling to get rid of its contents. Under these circumstances, flatus is generated in large quantities, distending the intestine in whole or part. When it is expelled, and feces with it, relief is at once experienced; but the pain may return sooner or later with the generation of more flatus, or the accumulation of feculent matter in the bowel.

The operation of a purgative of this kind illustrates the suddenness and the rapidity of the invasion of the attack of colic. The rapid distension of the bowel provokes it to forcible and spasmodic contraction, which is antagonized by the contraction of an empty portion of bowel, but more especially, and with generally great power, by the sphincter ani. Who has not felt the agony of that mortal combat between the expulsive power of the bowel and the retentive force of the sphincter, on the issue of which hangs the safety of one's habiliment, and one's credit for propriety.

Now, very much the same powerful and painful action occurs in the bowel affected with colic. An obstacle arises to the onward passage of the intestinal contents. This is occasioned by an accumulation of matter within the bowel, or by a contracted or paralytic condition of some part of it, which, therefore, not only is unable to play its part in the general movement, but, by its failure, even creates an obstacle to the action of the bowel above, and thus excites in it forcible contractions, to overcome the obstacle. Colic, then, is a state of aggravated peristaltic action. The violent contractions of the intestine produce great pain, which will continue until the writhing action of the colon becomes sufficient to overcome the obstruction, or until the muscular action becomes so violent as to cause rupture of the bowel itself. The general event is, that the impediment to the onward passage of the contents of the intestine at length gives way; but cases have occurred where the violence of the action has been so great, and the obstruction so firm, that rupture of the colon has actually occurred, leading to extravasation of its contents into the peritoneal cavity, which soon causes death. Some years ago, we had a man in the hospital labouring under symptoms of colic and obstruction of the bowel, and for some time we failed in our attempts to relieve the patient; but at length, by dint of the administration of enemata, the obstruction gave way, an evacuation quickly followed, and, upon examination, we were surprised to find that the stool consisted entirely of dried peas, which the poor fellow had been compelled to eat for want of better food.

Should the obstruction be overcome, of course all undue action of the bowel ceases, and the patient soon gets quite well; but, if the obstruction persists, then a very serious train of symptoms ensues; the patient begins to vomit and to hiccough, and at length the bowel will empty itself through the stomach, and fecal vomiting will occur. The contents of the bowel are forced down to the obstructing point, and, being prevented from passing farther, a reflux takes place in the central part of the moving mass; and this may occur to such an extent, that a large quantity of the contents may be regurgitated through the intestine, and may ultimately reach the stomach, and be rejected by the mouth. This process is generally, but, as Dr. Brinton has ably pointed out, incorrectly termed *antiperistaltis;* a supposed condition, which certainly cannot be shown really to exist. What I have just described takes place in every case of fecal vomiting; and it is thus that this symptom occurring in connection with strangulated hernia is explained. In some instances, owing to undue dilatation of the bowel above the point of obstruction, or perhaps sometimes to an inflammatory state of the muscular coat, there is not sufficient power to cause the reflux; and thus I have seen cases of complete obstruction lasting fourteen or fifteen days, with an enormously distended abdomen, and yet without fecal, or, indeed, any vomiting.

The most common cause of colic depending upon obstruction of the colon, is fecal accumulation. The subject of it has perhaps had no evacuation from the bowels for days, or the bowels have been acting very imperfectly for some time previously; and, in consequence, a considerable accumulation of fecal matter takes place, which at length reaches such an amount as to cause obstruction. The bowel takes upon itself increased peristaltic action above the point of obstruction, and the pain characteristic of colic occurs. This condition may be properly termed "simple colic." Another form of colic which is very commonly met with in hospital practice (but happily much less frequently than formerly), is that prone to occur in connection with lead-poisoning, and hence known by the name of "lead colic;" also known by the names of "painters' colic," or "colica pictonum." It occurs among persons who are in the habit of using white lead, or some other preparations of lead, in their business, such as painters, plate-glass polishers, etc.

In persons affected with gout, dyspepsia, hypochondriasis, or hysteria, we meet with another form of colic, which may be called "gouty colic," for it bears the same characters, whether it manifests itself in patients of one or other of these diatheses.

And now to revert to the symptoms of colic. Colic is characterized by the occurrence of severe abdominal pain coming on in paroxysms. The pain sometimes becomes very severe, and then gradually subsides for a time; soon, however, another exacerbation occurs, to be succeeded in the same manner by another period of comparative ease, which is again followed by another attack of pain. The pain is situated in the epigastric and umbilical regions; it is of a writhing, twisting character, generally accompanied with more or less rumbling of wind. If you make pressure over the seat of pain, you do not in general increase the sufferings of the patient. It is true, that pressure, suddenly or abruptly applied, will sometimes increase the pain; but you will almost always find that, by moderately firm and gradually increased pressure, the pain becomes somewhat relieved. Sometimes, however, we do find that under even such pressure the pain is aggravated; and this is more frequently the case when there is a tympanitic state of the abdomen. When this is the case, the pain is often very severe, and there is considerable abdominal tenderness; so much so, as to excite fear lest there should be inflammation of the bowel or of the peritoneum. Sometimes the pain is accompanied by vomiting; but this is neither a necessary nor a constant concomitant. The attack sometimes sets in with vomiting; but, in other cases, this symptom does not occur till late, when it must be regarded as a most alarming symptom, from which we should incline to the opinion that the obstruction was of that kind which would not give way, and for the same reason we should be led to fear a fatal result. In the more violent cases, the abdominal muscles are thrown into strong contraction, and are apt to assume a rigid and knotted condition.

As I mentioned at the commencement of the lecture, there are four cases of colic now in the house. One is a case of simple colic, two are cases of lead colic, and the fourth forms a good illustration of the gouty form of the malady.

The first case, that of simple colic, presented many points which, *prima facie*, rendered the diagnosis a little obscure. The patient's name is John Selkirk (Vol. XXXIV. A. p. 36). The notes of the case have been kept by Dr. Maurice Davis. He is a native of London, and by trade a glasscutter. He has always had good health. He tells us that his bowels have always been regularly opened every day. A fortnight before his admission, he began to feel a drawing pain, which extended from the sternum almost to the middle of the abdomen. He attributed the pain to indigestion, and took no especial notice of it. There is no evidence, either from his history or from his constitution, that he was gouty, and, indeed, he had not suffered from any illness but slight dyspepsia prior to the present attack. The indigestion seems to have been due to his having eaten freely of radishes. At seven o'clock P. M., on Monday, May 26, 1851, he began to feel very ill; the pain became more intense, and spread to the back, but did not reach lower than the umbilicus; he took half an ounce of castor-oil. During the night he became worse, and in the morning the pain still continued very severe. About eight o'clock his bowels were relieved, but afterwards the pain became worse than ever, and the feeling of nausea, which he had felt from the beginning of the attack, became also aggravated. On the 27th, soon after his admission, while in a warm bath, he vomited some dark

slimy matter, and the vomiting continued at intervals until the 29th.

In consequence of the vomiting, and the bowels not having acted for some time, the first step in my examination of the belly was made, with a view to ascertain whether any form of hernia existed. I cannot too strongly impress upon you the importance of satisfying yourselves early on this head, in every case where an intestinal obstruction exists. There was no evidence of hernia; but there was a tympanitic swelling and great pain in the region of the ascending and transverse colon, and also of the left groin. The pain was aggravated by pressure.

The diagnosis in this case was at first by no means perfectly certain, and we were willing, as you will often find it necessary in dealing with cases of abdominal disease, to draw upon the results of our treatment for aid in determining the precise nature of the attack. The vomiting and tenderness of the abdomen might have been due to peritonitis, or to some affection of the stomach. But the pain was of the writhing, twisting kind, which is so apt to occur in colic. There was not enough fever for peritonitis (the pulse did not rise above 100), nor was there any obvious cause for that inflammation, unless it might be an over-distended intestine. The pain was too severe for any affection of the stomach, excepting, perhaps, gout; but the tympanitis did not properly belong to the stomach, and although he was dyspeptic and subject to attacks of flatulence, and his father had been so before him, there was nothing to prove distinctly that he was gouty. In the early treatment, I rested chiefly on the diagnosis of colic, but, in consequence of the doubt, I did not use any more severe means to provoke the bowels to act than enemata.

The whole treatment of the case, then, was this; and I think the results of it justified the diagnosis of colic from obstruction. At first, a warm bath, and a little brandy from time to time, in consequence of his prostrate condition; then a large enema of gruel, which brought away some lumps, and relieved the pain and vomiting for a little. Both soon recovered, and now twenty leeches and fomentations were applied over the painful region of the abdomen, and, to relieve pain and sickness, twenty minims of tincture of opium were given every two hours. Enemata were now again administered, which brought away feces in lumps in large quantity; after these evacuations, the pain and sickness disappeared, and did not return; and now calomel and colocynth were freely given, which acted freely on the bowels, and restored the abdomen to its natural state. He was admitted on the 27th of May, and on the 2d of June he was convalescent.

An obstruction of this kind, suffered to go on, might, by distension, cause peritonitis. And in this case there might have been incipient peritonitis, although I think there was enough to account for the pain in the flatulent distension. However this may be, it was satisfactory to know that treatment such as that adopted, namely, the combination of opium and enemata, was sufficient not only to relieve obstruction, but also to check the farther progress of peritonitis.

We now come to our second case—one of lead colic—which affords a very good illustration of this particular form of the affection. The patient's name is Hammond (Vol. XXXIII. p. 227); he is a lead-melter by trade, and 32 years of age; he is a man of very intemperate habits, being, on an average, drunk for three days in the week. The notes of the case have been kept by Dr. Bridgewater. About eight years ago he was in the hospital, under surgical treatment for retention of urine, in consequence of a fall from a plank. Subsequently, he has had no indisposition, except an occasional feeling of weakness about his stomach, until three weeks ago, when the bowels refused to act for two days, and he passed little or no water during that time. He likewise suffered from considerable pain in the belly. The history of the case and the man's occupation would at once excite suspicion of the presence of this particular form of colic. Upon examination, we found a distinctly marked blue line round his gums. This blue line, as you know, occurs in all those cases in which lead enters the system; and you may often see it form during the administration of the acetate of lead. The blue line is most distinct in those persons who have been exposed to the influence of some preparation of lead for a considerable period. It occurs on the free margin of the gum when a tooth or the stump of a tooth is present. You never find it in edentulous subjects, nor where a tooth has been lost. The presence of the blue line is an indication of the presence of lead in the system, analogous to that afforded by

salivation in the case of mercury. And it is curious that neither the blue line nor the inflammatory and ulcerative process of ptyalism shows itself in the edentulous subject.

In other points, this case exhibited the usual features of lead colic. The pain in the abdomen came on after a confined state of bowels of two days' duration; this was relieved by a dose of castor-oil; but, the bowels becoming again confined, the pain returned, and was relieved in a similar manner. On its returning, a couple of days afterwards, with sickness of stomach—which was, doubtless, partly due to a bout of drinking, which took place in the mean time—he was admitted into the hospital on the 2d of July, 1851.

In distinguishing the different forms of colic from each other, you must rely mainly upon the general history of the case. First, get a clear account of the colic, and then inquire into the previous history of the patient. If you feel certain of the presence of colic, and from the history you learn that the patient has been much in the habit of using white lead in his business, and especially if he have that valuable sign of lead-impregnation, the blue line, you may conclude that you have to deal with a case of lead colic; and this will be the more certain if, in addition to the blue line, you find that very characteristic form of paralysis of the extensor muscles of the forearm, which occurs only in persons affected by lead. In cases of lead colic, although the pain is generally severe, often agonizing, there is not usually any fever. The pulse of this patient never rose above 80, and his skin was cool; after he had been in the hospital two days, his pulse fell to 72.

This patient was treated at first with small doses of opium, to allay pain and sickness, and large enemata of warm water while in a warm bath, on the plan first suggested by Dr. Wilson, of the Middlesex Hospital. This was followed by free purging by means of colocynth and croton-oil. On the second day, he was sufficiently relieved to remove all apprehension respecting him; but the purging was kept up for some days, until all abdominal pain was completely removed.

Another case of lead colic is that of a man named Rolt, aged 35 (Vol. XXXIV. p. 87). This man is a gas-fitter; he uses white lead, and has to handle leaden pipes a good deal in his business. He was admitted June 30, 1851. From the history of the case—for the record of which I am indebted to my clinical clerk, Dr. Maurice Davis—it appears that he always enjoyed good health until two years before his admission, when he had an attack of gout. He had been twenty years following his occupation as a gas-fitter before any symptom which he could recognize of injury from lead-poisoning occurred. His first attack of lead colic was in March of this year (1851), and he was then treated in this hospital. During his convalescence from this, he was seized with gout.

Since the attack in March last, he has not been near the workshop, nor at all exposed to lead contamination, but, in consequence of being out of work, he has lived badly. A week ago, he was attacked with looseness of bowels, and severe griping pains, followed by constipation for four days. The severe pain continued, accompanied by a constant sensation of pressure across the chest. There was no tympanitis; the stomach was irritable; a well-marked blue line existed at the margin of the gums.

In this, as in the last case, the pulse, notwithstanding the severe pain, did not rise above 84. The patient was, immediately on his admission, treated by the warm bath and enema, and he got two doses of calomel and colocynth. five grains of each, with half a grain of opium, at an interval of two hours. By this treatment, the bowels were freely opened, and the pain was very speedily relieved; but it returned the next day (July 1) with considerable severity. The bath and enema were again resorted to, and colocynth and croton-oil were freely given. The bowels were thus freely opened, but the stomach became very irritable, and the patient was much troubled with nausea and vomiting. For these, and for the abdominal pain, which did not immediately subside, opiates were given, and fomentations applied to the abdomen.

On the fourth day of this treatment, the bowels having been freely opened, and the abdominal pain relieved, gout showed itself in the right wrist and elbow, which became swollen and painful, and, in two days more, the left elbow and wrist were similarly seized. Under the continued use of opiates, blisters to the joints, and cotton wool around them, this attack subsided in seven or eight days, and in a few days more the patient left the hospital.

There are two peculiar features in this case. The one, that diarrhœa was the fore-

runner of the attack. It is not improbable that this diarrhœa may have been caused by an overdistended colon. The other is, the development of gouty inflammation of the joints, just as the colic was passing off. Upon this latter affection, I shall trouble you with a few remarks.

Several years ago, in 1843, I directed attention to the liability of persons of gouty constitution, whether they had had previous attacks of gout or not, to the development of the gouty paroxysm, when reduced by some exhausting disease, or by some other cause. It is very common after lead colic. The intemperate manner of life of house-painters, who are the most frequent subjects of this form of colic, exposes them very much to the causes which produce gout. But you may see it in the stage of convalescence after fever, after severe accidents, after surgical operations, after pneumonia or pleurisy. When I first called attention, ten years ago, to the occurrence of gout under these circumstances, I adduced it as an argument against excessive antiphlogistic treatment, especially in persons of the gouty diathesis. And, in a large experience during the period which has since elapsed, I have had the fullest confirmation of my views.

You will have remarked that Hammond did not very quickly lose his colicky pains, and that it was not for some days after the bowels had been freely acted upon that the abdominal symptoms gave way; not, indeed, until gout had fully displayed itself in the joints. It is not impossible that the gouty state of this man's constitution may have kept up the irritable and painful state of the colon.

Certain it is, that in cases of gouty diathesis, where there is no contamination from lead whatever, colic is very apt to occur; and our fourth case will serve as an illustration of this.

For good notes of this case, I must again thank my clinical clerk, Dr. Bridgewater.

The patient, Richard Hall, aged 32 (Vol. XXXIII. p. 225), a carpenter, was admitted July 2, 1851. He is a temperate man, and was always healthy, until four years before his admission, when he was attacked with gout in one great toe, which shifted rapidly from one foot to the other back again. Since that time, he has had five attacks, the last six weeks ago. He had been only just out of this fit, when the bowels became obstinately costive, and remained so for some time; and from Friday, June 28, to July 3, he had no evacuation whatever. He was admitted in this state of obstruction, suffering from severe writhing pain in the abdomen, referred chiefly to the region of the umbilicus. The abdomen here was slightly tympanitic; pressure increased the pain. The patient complained of considerable debility, and a sense of sinking. He had slight fever. P. 90. The ankles and soles of the feet were painful and weak, but not swollen. There being no hernia, and no symptom of any other abdominal mischief, the case was regarded as colic from obstruction, and so treated.

On the night of his admission (July 2), he was placed in a warm bath, and had a large warm water enema in the bath. Afterwards, the belly was well fomented, and forty minims of tincture of opium were given. The enema returned without any feculent matter; but the patient was relieved for the night. Next day (3d), at noon, he took five grains of compound colocynth pill, and half a drop of croton-oil; and enemata were administered every two or three hours. After the fourth enema, a copious evacuation of old very fetid feces took place, which was quickly followed by two more. The patient felt much relieved, although still complaining of pain on pressure. A night draught was given, containing thirty minims of tincture of opium.

From the 5th to the 11th, the bowels continued to act daily without aperient medicine; but he still complained of a dragging pain in the umbilical region, and there was tenderness on pressure. On the evening of the 11th he began to complain of stiffness and soreness of the right wrist; and, on the 12th, gout had fully developed itself in that joint and in the hand. This yielded quickly to local treatment by cotton-wool and a blister. The abdominal pain and tenderness disappeared simultaneously with the development of gout in the wrist; and the patient left the hospital quite well in a few days.

In a former lecture I mentioned, that it is in cases of gout which exhibit a particular tendency to shift from one point to another, that the proneness to attack the hollow viscera or other internal organs is most to be feared. The attacks of gout, under which this patient laboured, appear to have been decidedly of this shifting character. The attack of colic followed closely upon one of these gouty paroxysms, and the affection of

the bowel did not seem fairly to subside until the gout had become re-established in one of the joints. The gouty condition, by weakening the power of the muscular coat of the intestines, favoured the accumulation of matter in the colon, which gave rise to the attack of colic.

There is an interesting analogy between the colic which is associated with gout, and that connected with lead. In both, the action of the colon is impaired by the presence of a poison, which, doubtless, affects chiefly the muscular tissue, causing a more or less paralyzed condition of it, and throwing increased work upon the bowel above. From the truly feculent nature of the evacuations, and the effects of treatment, especially the beneficial action of enemata, there can be no doubt that some part of the colon is that which is weakened by the poisonous influence, and that the augmented peristaltic action is to be found in the upper part of the colon, or in the small intestine, or probably in both.

The actual state of the bowel in these kinds of colic is a condition partly of paralysis, partly of augmented action. A portion of the bowel, we will suppose, becomes distended, partly by solid matter, partly by gas, owing to a weakened or paralyzed condition of its muscular coat. Now, the paralyzed condition of even a small portion of the intestine is tantamount to obstruction, for the paralyzed portion being unable to propel the contents farther on, permits an accumulation to take place in this situation. If we open the abdominal cavity of an animal immediately after death, we shall find that the contents of the bowel are propelled by the successive contraction of small portions of the intestinal tube. One portion contracts, and forces the contents on to the next, which, in its turn, is immediately thrown into a state of contraction, by the application of its wonted stimulus, and so the food is transmitted down the whole length of the tube. A similar phenomenon may be seen through the abdominal walls in very thin, emaciated subjects with obstructed bowels. A certain amount of dilatation seems necessary, in order to excite contraction; but if the dilatation of the intestine proceed beyond a certain point, paralysis ensues.

Colic is of not uncommon occurrence in cases of gout, and the symptoms which are manifested are very similar to those we meet with in lead colic. The most satisfactory indication of the gouty nature of colic is to be found in the rapid transference of the influence of the gouty poison from the external to the internal parts, or *vice versa*. Either gout begins in one or more joints, and flies to the bowel, or there is a severe attack of colic, which ends in articular gout. But the occurrence of colic in a person of decided gouty diathesis places the disease in the category of a gouty affection. The fact of the association of the gouty diathesis with lead colic seems to show that the two poisons may coexist in the same individual, and in such cases it would be difficult, if not impossible, to decide with certainty whether the colic results from the lead poisoning or from the presence of the gouty poison.

With regard to diagnosis, it is important to distinguish colic from certain abdominal inflammations, and also to distinguish the different forms of colic from one another. Upon this latter point, it is unnecessary for me to offer any additional remarks. The importance of a correct appreciation of the distinction between the different forms of colic will be more apparent when I come to the question of treatment.

To distinguish colic from various abdominal inflammations, and other affections, is, I need not say, of primary and paramount importance. You must distinguish it, first, from peritonitis; secondly, from ileus; thirdly, from gouty or other inflammation of the stomach; fourthly, from obstructed bowel by a mechanical cause, as intussusception; and, lastly, from certain affections of the kidney.

As to the diagnosis of colic from peritonitis, we rarely meet with peritonitis without the presence of vomiting as a more or less prominent symptom; while this symptom is absent in the greater number of cases of colic, or, if present, only continues for a short time, appearing early, and going off or coming on late. Again, in peritonitis, the abdomen is tympanitic, and the tympanitis is general; while in colic the tympanitic state, when present, is confined to a portion of the abdomen. In peritonitis, the pain is generally very much increased upon pressure, but that in colic is generally somewhat relieved by firm and gradually increased pressure. The presence of severe abdominal pain, with or without pressure, is almost a constant symptom in cases of peritonitis; although every now and then you will meet with cases of this disease in which

this symptom is absent, or manifested in a very slight degree; still, as a general rule, the pain in peritonitis, augmented by pressure, is a most characteristic symptom. The haggard expression and shrunken features constitute another mark of this terrible malady, and the feeble voice often assists us to diagnose peritonitis. In peritoneal inflammation, we almost always meet with a small rapid pulse, and fever is invariably present; while in colic the pulse is but slightly affected, and there is little or no fever.

Perhaps the most important symptom of colic is the peculiar character of the pain—a twisting, writhing, griping pain, not a burning or soreness, as in peritonitis, nor a sharp, shooting pain, fixed, and always referred to one spot. This writhing character of the pain should always be kept in view; it will especially help you in the diagnosis from ileus, from obstructed bowel, and from gout in the stomach. In the two former, the pain is often not at all a prominent symptom; it may occur early, and disappear, and the subsequent symptoms arise chiefly from the obstruction—namely, vomiting, swelled and tympanitic belly, complete stoppage in the action of the bowels. The pain of gout in the stomach is exquisite; it is distinctly referred to the stomach—a fixed severe pain in that region, with more or less sense of distension, due to the accumulation of air in the organ, which may be clearly determined by percussion. The urgency of vomiting will, of course, excite suspicion of more serious disease than colic; and the results of treatment, the persistence of the symptoms, notwithstanding the use of means calculated to act on the bowels, will indicate ileus, or obstruction from some other cause.

Symptoms like those of colic often accompany renal irritation, either from calculus or from acute inflammation. The diagnosis, under these circumstances, must rest on the history of the case, the state of the urine, and, in some degree, on the results of treatment.

And now let me conclude with a few remarks on the subject of treatment. Whether the case be one of simple colic, or gouty colic, or colic resulting from lead poisoning, you must endeavour to get the bowels to act freely. What you want is, to create a free channel through the intestine; and this you may effect by purging, and by the administration of enemata. The general plan of treatment which I commonly pursue with most cases of this kind in the hospital, is very much that which was suggested, some years ago, by Dr Wilson, of the Middlesex Hospital. We commence by putting the patient in a warm bath, and, while he is there, a warm water enema is administered; when the first enema is returned, a second quantity of warm water is forced up, so as to distend the colon; this is done several times in succession. Frequently, a cure is effected by these means without any farther treatment; but it is often necessary, in order to empty the bowels fully, to give a purgative. And that which answers best in these cases is a combination of compound extract of colocynth and croton-oil. A drachm of the former, and from one to three drops of the latter, are divided into twelve pills, and one pill is given every three hours until the bowels act. The stomach bears these small and frequently repeated doses of the oil better than a full dose administered at once, and the operation of the medicine is more effectual. With respect to antiphlogistics, the abstraction of a little blood sometimes does good in colic; but, as a general rule, you will find that bleeding only prolongs the convalescence of your patient. Leeches, also, are occasionally beneficial, in cases where there is abdominal tenderness; but the majority will not require them. You will find great benefit from the careful use of opium, in the more obstinate and complicated cases. You may give it simply to relieve pain, when that is excessive; or where there is great exhaustion, and the patient needs repose, you may give it freely to produce sleep; and, in administering it with this view, you will not find that your ultimate object will be retarded. On the contrary, the exhibition of opium often gives tone and power to the muscular coat of the bowel, and promotes the favourable action of purgatives. Moreover, opium is a valuable preservative against abdominal inflammations. Where you keep up a certain opiate influence, your patient will be less liable to peritonitis, or to enteritis. Opium also regulates and moderates the action of purgatives; and this is worth your always keeping in mind, for in the use of purgatives in cases of intestinal obstruction it is often true that "the more haste, the worst speed."

The value of opium as an adjunct to other parts of the treatment is well illustrated in the first case which I related to you. There was so much pain and sickness, that we at first relied wholly upon opiates and enemata,

and it was not for some days that purgatives were given. Without opium in this case, the patient would have but little chance, such was the exhaustion under which he suffered. After the opium, we found that purgatives acted well; and you may sometimes even combine opium with them, as with calomel and colocynth, or croton oil and colocynth. For another reason, I would caution you not to proceed too fast with purgatives in colic, or to trust to them exclusively, namely, because possibly the diagnosis may not be quite certain, and you may find that your treatment is doing harm, and increasing the patient's distress. Enemata are perfectly safe, and may be given in all doubtful cases as a preliminary step, for by this treatment you are not likely to do harm, and you may often succeed in relieving the patient without having recourse to any other mode of treatment.—*Med. Times and Gaz.* July 23, 1853.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Yellow Fever at New Orleans.—Yellow fever has prevailed for some weeks in New Orleans to a fearful extent, and is still continuing its ravages.

The following table exhibits the mortality in that city during the fourteen weeks since the outbreak of the disease. When it is considered that the entire population of the city is only about 150,000, and that at present it does not, it is said, exceed 50,000, so many having fled, an idea may be formed of the fearful ravages of the disease:—

	Yellow Fever.	Other Dis.	Total.
Week ending May 28,	1	139	140
" June 4,	1	141	142
" " 11,	4	150	154
" " 18,	7	140	147
" " 25,	9	158	167
" July 2,	25	152	177
" " 9,	59	129	188
" " 16,	204	140	344
" " 23,	429	188	617
" " 30,	692	188	880
" Aug. 6,	1036	150	1186
" " 13,	1369	163	1532
" " 20,	1421	154	1575
" " 28,	1442	186	1628
	6699	2178	8877

The following extract from an article in the *New Orleans Bulletin*, furnishes some interesting information relative to the prevalence of the yellow fever in former years:—

"The first advent of yellow fever in this city was in 1794, continuing with alternate increase and diminution to 1797. There are no records extant of the actual mortality from yellow fever alone during this period. The average population was less than ten thousand; the average mortality one in fifteen. For a number of years following, the average mortality was over five per cent. Full and accurate details of the several epidemics that have occurred have been obtained, commencing with 1817. Previous to that period, the most patient investigation and research have not been able to collect any data that can be relied upon as fully authenticated. At the time, 1817 was considered a bad year. The population was about 38,000, and the per cent. of deaths by yellow fever to the total mortality of the year was 33.86. The year 1822 was a very fatal year, and so was 1841."

In a report made by the Board of Health in 1841, the following statement is made:—

"'Of the season just past, to the 1st of November, 1325 have been reported to the Board, as victims to the *acclimating process*, out of a probable number of near 15,000 subject to it, at the commencement of the epidemic. Of this number, 561 have died at the Charity Hospital; probably near 500 have died at the other hospitals, and under the care of our charitable and benevolent associations; and the balance must be left to private practice. In saying, then, that from 10 to 12 per cent. in private, and from 30 to 40 in public and private hospitals, and under the charge of our benevolent associations, have died, probably we arrive at a fair average of the mortality, making allowance for the many that have escaped the fever in any form, with the comfortable assurance of being acclimated without risk; and it is gratifying to state, that no instance has come to the knowledge of the Board, where a second acclimation was necessary (accompanied by fever or not), unless in the interval the individual spent some winters in a more northern climate.'

The *Bulletin* gives the following additional statistics:—

"The average population in 1847, in New Orleans, was 90,000.

"The first cases of yellow fever reported

were for the week ending on the 10th of July, and the number was 5. It continued to increase slowly until the 31st of the same month, when the weekly return was 47. The total of yellow fever for the month of July in that year was 74; of other diseases, 647.

"The disease was pronounced epidemic on the 5th of August. The deaths on that day of yellow fever were 17, and from that time daily returns were published until the 22d October, when the epidemic ceased. In the month of August, the yellow fever deaths amounted to 1057; of other diseases, to 570. In September, the deaths by yellow fever were 986; by other diseases, 468. In October, up to the 22d, inclusive, the yellow fever interments were 135, and of other diseases 244; making a total for the season, from the 5th July to the 22d October, 1847, inclusive of 2,252 yellow fever interments, and 1,924 of other diseases; making a total of 4,176.

"During 1832, the highest number any one day of yellow fever was 60, and of all cases 80.

"During 1833. the largest mortality any one day was 53—no specification as to disease.

"During 1841, the highest number from yellow fever was 33, and the greatest mortality 60.

"In 1847, the highest number from yellow fever was, on the 2d September, 77, and of all diseases 95.

"In Lafayette, up to the 10th of September, the yellow fever deaths in 1847 were 316, and of all other diseases 255.

"Up to the present date, the official returns give for the present epidemic season 3,039 deaths from yellow fever, and 1,747 from other diseases; making a total of 4,786 from the 28th day of May to the 10th of August. The daily reporting commenced on the 27th of July. The most fatal day we have yet had was on the 5th instant, when the total deaths were 238, of which 208 were of yellow fever."

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Yellow Fever at Pensacola.—It is stated in a telegraphic dispatch, dated Aug. 31, that yellow fever of a most malignant type is prevailing at Pensacola.

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Yellow Fever at Natchez.—Yellow fever is now prevailing at Natchez in an epidemic form. Eleven persons died of the disease in the 60 hours ending at noon 22d Aug.

The sexton reports twelve deaths for the week ending on the 19th, seven from yellow fever, and five from other diseases, which he specifies in his report. Several of the yellow fever cases, says the *Courier*, were from abroad, while those said to have originated there, we believe, without exception, had no treatment until beyond the control of the physician.

On the 23d, a meeting of the citizens was held at the City Hall, and a committee of ten was appointed to take into consideration the condition of the sick and the poor in the city, and to report any organization they might deem necessary for the furtherance of this object, to raise the necessary funds for that purpose, and report to an adjourned meeting the next day.

The *Courier* of the 23d apologizes for being compelled to curtail its matter in consequence of the illness of the editor and one of the workmen.

On Saturday (August 21) there were six interments; on Sunday, 5; on Monday, 3; and on Tuesday, 3; equal in proportion to present population to one hundred a day in New Orleans. The disease, however, seems to prove fatal almost entirely among foreigners and others unacclimated, but chiefly among the former, though several of our oldest citizens have been seized with it. Everybody has left town that could, and but very few are left. Business is at a dead stand. But two dry goods stores were open on Main street yesterday; most of the merchants have sought temporary locations in the country and neighbouring villages.

A greater panic never occurred before, from a similar cause, among any people. Our streets look desolate, indeed. You may walk for an hour sometimes, and not meet a dozen persons.

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Yellow Fever at Vicksburg.—The Vicksburg papers of the 23d of August, state that there have been some cases of yellow fever there.

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Yellow Fever at Mobile.—Office Board of Health, Mobile, Aug. 27, 1853. Report of interments in the city of Mobile for the 24 hours ending 6 o'clock, P. M. this day:

Of yellow fever - - -	17
Of other diseases - - -	6
Total - - - -	23

Weather and Mortality in Philadelphia in July, 1853.—Several plentiful showers early in the month, relieved, in this vicinity, the drought which prevailed extensively at the time of our last report. Later in the month, rains were so abundant as to endanger disease, it was thought, in the growing crop of potatoes. The whole fall of rain for the month, as recorded at the Pennsylvania Hospital, was 6.29 inches.

The mean temperature of the month was 77.14 degrees, which is about 2 degrees above the average mean of many years, and very nearly corresponds with the mean temperature of the same month for the two preceding years.

The morning of the first was calm, with the mercury at 77, which rose to 93 at 2 P. M., with a light air from the south-east. The afternoon was nearly clear, and the heat very oppressive, till near six o'clock, when one of those gusts or wind-squalls so common in this vicinity after a very warm day, sprang up from the north-west. These squalls come over us very suddenly, are generally attended with thunder and lightning, and frequently with a shower of rain, often light, sometimes copious. These tornadoes are characterized, in the vicinity of the city, by one phenomenon which is believed to be somewhat peculiar to this locality, viz., a dark cloud of dust from the limestone covering of the turnpikes and other well-travelled roads that converge towards the city from the north and west. From this material a very light dust is formed, which rests upon the road, in dry and still weather, to the depth of one and sometimes two inches, and will hover over the shoe of a pedestrian like the lightest snow in winter.

The approach of one of these tornadoes is known by a dense, murky cloud, seen to rise hurriedly from the north-west, and often, when formerly this meteor possessed more of novelty to the writer than now, he has hastened on these occasions to the house-top, to witness its progress. The remote hills and woodlands west of the Schuylkill River would, one by one, be shut from view, as perfectly as by the most dense fog, as the tempest advanced. Often have we seen many miles of country thus veiled in a surprisingly short space of time, as the storm seemed to skip from hill to hill, and from ridge to ridge, in its progress towards the city. Our rule is to tarry on the look-out till the highlands which border the western bank of the Schuylkill are shut out; till the river (about a mile distant) and Fairmount itself are hid, and then hasten down to give warning to close doors, windows, and shutters. With this precaution, so dense is the gale with almost impalpable limestone dust, that not a naked polished surface in our dwellings but exhibits a greater or less deposit when the gale is passed; and, from the same cause, the breathings of those exposed to the blast is impeded. Everyone seeks a retreat; even the pigs, when they tenanted our streets, would run squealing to their sties, and pigeons fly wildly to their cots. The severity of the gale lasts, ordinarily, not more than ten to twenty minutes, and the dust-cloud has passed over in five to ten minutes.

The gust of the first instant was attended with thunder, but was without rain or hail, and was not unusual in severity or duration in this city; yet in New York city the hail-storm and tempest were violent and destructive. At Wilmington, Delaware, buildings were injured and trees uprooted. So in the neighbouring counties of Bucks, Montgomery, and Berks, the storm raged with great violence, injuring chiefly standing crops and orchards. Hailstones, near Shoemakerstown, completely perforated the canvass top of a carriage, and the driver of a mail-coach says the hail drew blood from his horses. In Doylestown, Bucks County, the hail is said to have been three inches in circumference. But what gives more especial interest to the tornado of the first, is the fact that its severity has caused time and place to be published in so many instances to enable us to mark its course and the rate of progress; thus, it passed over Northumberland County about 3 P. M., and over Doylestown, which is 160 miles distant in a south-east direction, at 5 P. M., travelling from the north-west 80 miles an hour, or nearly at a hurricane speed, which is 90 miles an hour.

The range of the thermometer was between 65, on the morning of the 28th, and 95, on the afternoon of the 9th, or 30 degrees.

The weekly mortality for the five weeks embraced in the month was rather high, ranging from 205 for the first week, to 265 for the last, and showing an aggregate mor-

tality for the month of 1123, which is about 200 more than for the same period last year, and more than 100 less than for the corresponding month of 1851. P. S.

Days of month.	THERMOMETER.			WIND—COURSE AND FORCE.		REMARKS.
	Sunrise.	2 P.M.	Mean.	Sunrise.	2 P.M.	
1	77	93	85	calm	S. E. 1	Clear, fair, gust from N. W. at 6 P. M., with thunder.
2	72	88	80	N. 3	S. E. 3	Cloudless.
3	72	86	79	S. 1	S. S. E. 3	Clear, fair, thundershowers in evening.
4	73	85	79	S. S. W. 2	S. W. 2	Showery night, overcast, fair.
5	75	87	81	W. 1	N. W. 3	Fair, clear, slight rain in evening.
6	71	87	79	N. W. 2	N. W. 3	Clear.
7	70	87	78½	N. by W. 3	N. 1	Cloudless.
8	68	89	78½	S. W. 1	S. W. 4	Clear.
9	75	95	85	S. W. 1½	S. W. 3	Fair, clear. Ther. 110 at 6½ P. M.
10	77	94	85½	S. W. 1	S. W. 2	Clear, thundershowers afternoon and evening.
11	72	85	78½	S. W. 1	S. W. 3	Sprinkling of rain, fair.
12	72	82	77	N. by W. 2	N. by W. 3	Cloudy, fair, clear.
13	66	82	74	N. by W. 4	N. N. W. 3	Clear, fair.
14	67	85	76	calm	S. W. 1	Cloudless, clear.
15	68	82	75	S. 1	S. 4	Fair, cloudy, overcast.
16	73	86	79½	S. 2½	S. by W. 4	Overcast, fair.
17	66	80	73	N. N. W. 4	N. W. 3	Cloudless, clear.
18	67	80	73½	N. 1	S. W. 1	Cloudless, cloudy.
19	70	81	75½	calm	S. E. 2	Cloudy, very slight showers.
20	71	80	75½	N. W. 1	N. W. 1	Cloudy (thundershower at night), fair.
21	70	73	71½	S. W. 1	E. by N. 2	Rain after 3 A. M. ending at 9½ A. M., cloudy.
22	67	83	75½	N. W. 1	N. by E. 1	Cloudy.
23	69	76	72½	N. E. 2	N. 3	Rain most of night, cloudy. fair.
24	69	86	77½	E. by S. 1	S 2	Fair, clear.
25	71	90	80½	S. by E. 3	S. 4	Cloudy, fair, rain, with thunder, evening and night.
26	70	72	71½	S. 2	S. E. 2	Rain, cloudy, more rain in the evening.
27	70	70	70	N. 2	N. 2	Hard showers of rain through the day.
28	65	79	72	N. W. 1	S. 1	Fair.
29	69	79	74	N. E. 1	S. W. 1	Foggy, cloudy.
30	72	83	77½	N. E. 1	W. 1	Foggy, a little sun through the day, rain from 7 to 9 P. M.
31	76	88	82	N. W. 1	S. W. 2	Fair, thunder and slight rain at 6 P. M.
	79.64	83.64	77.14	1.5	2.2	Monthly mean.

* This observation was at 1 P. M., or the maximum; at 2 P. M. it had fallen 10 degrees.

—

Medical Department of Yale College.— Dr. Eli Ives has resigned the chair of Materia Medica, and Prof. Silliman that of Chemistry, in this institution. Dr. Henry Bronson has been appointed the successor of Dr. Ives, and Dr. B. Silliman, Jr., has been elected to the chair so long and ably filled by his father.

—

Proceedings of the College of Physicians, of Philadelphia, in reference to the Death of Dr. Chapman.

Chamber of the College of Physicians,
Stated Meeting, August 3, 1853.

The College of Physicians of Philadelphia, through its Committee, Drs. Bell, Ruschenberger, and West, appointed for the purpose, makes the following record of its sentiments on the occasion of the death of Dr. Nathaniel Chapman, Senior Fellow of the College:—

The fulness of years and failing health of Dr. Chapman, and his consequent withdrawal from the active discharge of his professional and social duties, gave, like the twilight that precedes the gloom of night, unmistakable notice of his approaching departure. The melancholy event thus anticipated has occurred; and this College now mourns the loss of its venerated and oldest member—of him, in whom was blended the skilful physician with the kind friend, the instructive writer, and the lucid and emphatic teacher, with the paternal adviser.

The great and distinctive merits of Dr. Chapman, as Professor in that Institution with which his name was so honourably connected during nearly half a century, and in which his ascendency was so conspicuous, will doubtless be delineated in due season. They are fully appreciated by numbers in this College, who, in common with thousands from all parts of the United States, listened to his attractive prelections, and formed their medical opinions under his tuition and guidance.

Farther manifestations of his untiring zeal in fostering medical instruction were afforded by his lecture-labours, for a period of twenty years, in the Philadelphia Medical Institute, a summer school, of which he was the founder, and, from first to last, the President.

As editor and journalist, intent on disseminating medical knowledge, Dr. Chapman has strong claims on the esteem of the entire profession in the United States. The periodical created, and for several years conducted by him, still flourishes, the vehicle for a vast number of highly valuable facts, and for the advocacy of sound ethics.

Long will the name of Chapman be associated in the memory of the members of this College, and of the community in which he lived, with the amenities that give a charm and refinem to social intercourse, and with the radiant yet genial wit which illuminated and quickened into gladness all whom he approached.

How many can bear willing and grateful testimony to his generous heart and freely-giving hand, ever responsive to the calls of friendship and of charity, to the timid request of the youthful student for a temporary loan, and the faltering plea of old age for permanent support.

In commemoration of so much worth, and as an incitement to the members of this College and of the profession at large to follow in the path of their distinguished associate,

Resolved, That a bust and portrait of Dr. Chapman be procured, and placed in the chamber of the College.

The sincere and respectful condolence of the College is at the same time offered to the widow and family of the deceased under their bereavement. Also, *Resolved*, That a copy of the preceding record be communicated to Mrs. Chapman, by the present Committee.

John Bell,
W. S. W. Ruschenberger,
Francis West.

On motion, the foregoing report was approved, and the resolutions contained therein adopted, and the whole directed to be published in the *American Journal of Medical Sciences* and *Medical Examiner*.

From the minutes.

D. FRANCIS CONDIE,
Secretary of the College.

—

Obituary Record.—Died, at his residence in St. Louis, on the 25th of April last, William Beaumont, M. D., in the 68th year of his age. Dr. Beaumont was a native of Lebanon, Connecticut, where he was born in 1785. In 1812, after studying medicine at St. Albans, Vermont, for two years, he joined the sixth infantry, with the appointment of assistant-surgeon. For more than twenty years he was a member of the medical staff of the regular army, being stationed at various points on the northern frontier, and through the war of 1812, with distinction — being present, among other occasions of interest, at the capture of Fort George, in May, 1813. In 1830, he was stationed at Jefferson Barracks, and afterwards in the Arsenal at St. Louis, taking up his residence in this city about 1834. Two or three years later, he resigned from the army, and subsequently has resided constantly in St Louis, enjoying an extensive practice and high professional reputation up to the period of his late illness.

Dr. Beaumont is widely and most honorably known in the literature of our profession by his "Physiology of Digestion and Experiments on the Gastric Juice"—based on, and containing an account of experiments conducted by himself upon a Canadian (Alexis St. Martin), whom he attended at Michilimackinac, in 1825. The work has been reprinted in Great Britain, France, and Germany, with the highest commendations from the profession, and has become an acknowledged authority in matters where speculation had hitherto taken the place of observation.

Dr. Beaumont had lived in St. Louis for many years, engaged in arduous professional duties, and wherever he was known, it was as the kind-hearted, generous gentleman. In his social relations, he was most happy, diffusing, at all times, cheerfulness and contentment to those around him.—*St. Louis Med. and Surg. Journ.*

Died, at Dubuque, Ia., on the 22d of April, Dr. G. W. Richards, aged 53 years. He was for a short time connected with the Rush Medical College in Chicago, as one of its Professors, and afterwards became Professor of the Theory and Practice of Medicine in the Medical College at La Porte, Ind. At a later period, he assisted in organizing a Medical School at Rock Island, and but two weeks before his death he was elected President of the Northwestern Medical Society, organized at Dubuque. —*New York Journ. Med.* July, 1853.

FOREIGN INTELLIGENCE.

Litholiby.—Dr. Denamiel has read before the Academie des Sciences, of Paris, a memoir upon Litholiby (λίθος, stone ; θλίβω, to crush) ; by which term he designates an operation consisting in the crushing of the stone, as it lies in the trigon vesicæ, behind the prostate, between an instrument introduced by the urethra into the bladder, and the fore and middle fingers of the left hand, introduced per anum. He affirms that some calculi are so friable as to break under the least pressure ; that the trigon vesicæ, where free calculi generally lie, is accessible to the finger introduced into the rectum; and that a sound passed into the bladder may serve as the *point d'appui*. He also states that the action of alkaline fluids upon the mucus, which forms the common cement of the elements of calculi, leads to the disintegration of the mass, whatever may be the chemical composition of the layers which compose it.

The distance from the integument to the neck of the bladder is commonly 2¼ inches ; it varies between 1 inch and 4 inches. The prostate gland and the trigon vesicæ are separated from the rectum by only a very thin layer of areolar tissue, in which fat is never deposited; consequently, any hard body may be easily felt and compressed.

The patient, having the bladder moderately distended, is put into the horizontal position, upon a properly constructed bed ; the thighs separated and raised ; the feet resting upon chairs. The left fore and middle fingers of the operator are then introduced into the rectum, and the stone is felt. A curved sound, grooved upon its convexity, as far as its vesical extremity, that it may the more readily hold the stone, is next passed into the bladder. Then pressure is made, until the calculus gives way. In many cases, a very slight amount will suffice. Should any difficulty arise, the pressure may be directed alternately towards the right or the left, that every part of the surface of the stone may be acted upon. In cases where the calculi are hard, several sittings are required ; and the use of alkaline fluids becomes needed, to favour their disintegration. A quantity of warm water should be injected into the bladder after each operation, that the smaller fragments may be immediately washed away.—*Medical Times and Gazette*, Aug. 20.

—

External Application of Atropia in Neuralgia. By Luigi Crosio.—In four cases of severe neuralgia—trigeminal, supraorbital, brachial, and ischiatic—in which other remedies had failed, the external application of atropia effected a speedy cure. One gramme of atropia, dissolved in spirit and mixed with a drachm of fat, was rubbed into a surface of integument excoriated by a blister. There were symptoms of intoxication in one case only. Upon the second day, in each case, the pupils were dilated, the skin hot and dry, the head oppressed. All objects appeared small and confused, and the patients feai to become blind. As these sensations subsided, the neuralgic pains disappeared. Care was taken that the brain became not too much affected.—*Ibid.* from *Gazz. Lomb.* 1852.

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Aneurism of the Gluteal Artery.—Ligature of the Common Iliac. By Professor C. W. F. Uhde.—A smith, aged 26, for five years subject to rheumatism, complained of severe pain in the left thigh of fourteen days' duration. The author found a tense, painless, elastic, and pulsating swelling in the buttock above the trochanter. Having, upon examination, arrived at the conclusion that it was an aneurism, Professor Uhde proceeded to tie the common iliac artery (October 7) in the usual manner. The patient died October 11, four days afterwards.

Examination of the Body.— Wound healthy; the peritoneum in the neighbourhood covered with a thin layer of lymph The areolar tissue around the iliac vessels infiltrated with pus. The gluteal artery within the pelvis exhibited a marked dilatation. The gluteus medius muscle ap-

peared like a dark-coloured bladder full of blood, and it formed the outer wall of the sac, which contained four ounces of coagulum.

The author relates ten cases of gluteal aneurism; eight in men, two in women, the patients' ages varying from 17 to 60. The causes assigned were—a stab, disease following drunkenness, rheumatism, severe labour, straining, injury to the hip. In three cases, no cause was given. In five cases, an operation was successful; five patients died. The gluteal artery itself was tied three times, the internal iliac six times, and the common iliac once. The common iliac artery, has been tied, according to the author, about eighteen times, for various accidents and diseases. In six cases, the patients recovered; in the others, death ensued in periods varying from two hours to eight months.—*Ibid.* from *Deutsche Klin.* 1853.

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The Aquatic Vivarium, Regent's Park.—On the borders of the flower-bed, in the Zoological Gardens, Regent's Park, has been constructed, of glass and iron, a building 60 by 20 feet in area, containing 14 6 feet tanks of plate glass. Of these, six are ready for exhibition. They inclose masses of sand, rock, gravel, corallines, sea-weed, and sea-water; and are abundantly stocked with crustacea, star-fish, sea-eggs, actinias, ascidians, shelled and shelless molluscs, and fish of the genera *gasterosteus labrus, crenilabrus, blennius, gobius,* and *cottus.* The *alæ,* which serve at once as ornaments and shelter for the animals, and as purifiers of the water, appear to bear their new situation as well as the lively zoophytes, and no difficulty has presented itself, so far, to the conservation of both. The collection is altogether from the British seas, but the building is so constructed as to be capable of being enlarged, and the Society does not despair of exhibiting some of the more striking tropical and intertropical forms of invertebrate animals. The most complete portion of the collection are the *Actinias,* among which the specimens of *A. dianthus, parasitica, crassicornis,* are truly magnificent. The rare *Adamsia palliata, Actinia nivea,* and *A. miniata,* are also objects which merit more than passing attention. The shelled molluscs are at present indicated rather than represented; but the vivacity displayed by the *pectens* and *littorinæ* are a sufficient guarantee for what may be done with them hereafter. The star-fish appear to be rather more difficult in treatment, but among those displayed in the tank appropriated to them are two fine specimens of *palmipes membranaceus. Echini* are not unfrequent, and gorgeously coloured *ophiocomas* and *solasters* brighten up the dark stones and shaded recesses of the *algæ* with an effulgence which is irresistibly charming. A few *holothurias* complete the series of this division of the British *radiata,* which the work of Professor Edward Forbes has rendered more popularly known than any other. The *crustacea,* too, which occupy the adjoining tank, are as numerous in species as they are lively in action. The tanks, visible on both sides, afford 390 square feet of view, and contain seven tons of sea-water. Of the marine fish, of which the blennies and cotti are almost always at the bottom, it may be said that their habits are being now, for the first time, investigated with success. This exhibition of living fish and invertebrates, besides exciting much curiosity, will be of most impressive usefulness to the student, to whom they have been only known hitherto by books and dried remains.—*Med. Times and Gaz.* June 4, 1853.

—

Sir Astley Cooper's Clinical Prize.—The prize of £300 has just been awarded to Henry Grey, Esq., of St. George's Hospital, for his Essay on the Spleen. We are farther given to understand, that the council has offered to print the essay, at its own cost, to mark their sense of its excellence.—*Med. Times and Gaz.* July 23.

—

Consumption of Opium.—From an official report just published, it appears that during the last five months the enormous quantity of 63,354 pounds of opium have been imported into this country; the quantity for the last month was 9,699 pounds.—*Med. Times and Gaz.* July 23.

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Obituary Record.—Died suddenly on Thursday, 18th of August, at the Athenæum Club, Bransby Blake Cooper, Esq., F. R. S., Senior Surgeon to Guy's Hospital, &c. He was crossing the hall at the club, when he stopped, and called for a glass of water; before this could be brought, blood spouted from his mouth; he fell, and was almost instantly a corpse.

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

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Gentlemen: It is my intention, in this annual course of Clinical Lectures, to change the plan which I have usually adopted; and, instead of taking as my subject the most acute cases in the hospital, I shall bring before you the most interesting cases which I have noted of the connection of renal disorders with other acute and chronic diseases. I intend, not only to dwell on the disorders of the stomach which affect the urine, but I wish to take as many other acute and chronic diseases as my time will allow, and to show you their effects on the renal secretion, and the practical conclusions which may be drawn from this knowledge.

I might thus bring before you every disease to which the human body is subject; but though I should gain in completeness, I should exhaust your interest, and I shall, therefore, only dwell on the connections and relations of those diseases which, at the present time, appear to me to possess most practical interest.

Thus, in acute disease, I shall occupy your attention with the connection of the renal secretion with cholera, rheumatic and scarlet fever, delirium tremens, and injury of the spinal cord.

In chronic disease, I shall bring before you Bright's disease, diabetes, indigestion and its results, such as renal calculi, irritable bladder, diuresis, retention and suppression of urine. Lastly, scrofulous and malignant disease of the kidney and bladder, and their effect on the urine will be mentioned.

I shall, as far as possible, bring my cases

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before you as if they were at present under my care in the hospital; and, to save your time, and to avoid repetition, I shall refer you, on most chemical points, to my lectures on animal chemistry, in its relation to stomach and renal disorders.

The usual effect of acute disease, is to diminish the quantity, and to increase the colour of the urine; but a remarkable exception to this is observable in cholera, one of the most acute diseases. The colour of the urine in cholera was generally remarkably pale, even when not much more than an ounce was secreted in twelve hours.

A boy, 12 years of age, was admitted at midnight, July 15, 1849, under my care. He was in the cold stage. He had been attacked with cholera at least twenty-four hours previously. No urine was passed until eleven hours after his admission; it was very scanty, not much above an ounce; pale straw-coloured; contained a considerable quantity of albumen, with many fibrinous casts of the tubes.

The following day the urine became plentiful; it was very light coloured—specific gravity, 1013; contained albumen, and very dark-coloured fibrinous casts; also it gave a deposit of uric acid crystals. On the 19th, the water was still pale; very slightly albuminous; specific gravity, 1010. On the 21st, no albumen was found; the specific gravity was 1008.

The *post-mortem* examinations of the kidneys of those who died of cholera, whether in the cold stage or after reaction, showed that congestion of the kidneys, to a greater or less degree, was almost always present. Although this congestion gave rise to the albumen in the urine, and to the low specific gravity of the secretion, yet, in the most severe cases, there was another cause in action which produced a still greater effect on the function of the kidneys. This was the immense drain of fluid from the bowels whereby the total suppression of the urine was produced. A labourer, aged 35, was admitted July 13, at a quarter past 9 A. M. When going to work, at 6 A. M., he was seized with vomiting and purging. At ten A. M. he became insensible, and he died at three A. M. on the following morning. For at least six hours he was kept alive by pumping, from time to time, hot brandy and water into the stomach. The watery motions saturated the bedding, and before it was noticed, they ran in a stream down the floor of the ward. No urine whatever was passed, and there was no urine in the bladder after death.

The state of the circulation through the kidney appears to me sufficient to account for the different actions of the kidney in these two classes of cases; for the above are types of other cases. I cannot admit that a hypothetical cholera poison, striving to pass out by the kidney, causes the albuminous urine, because it appears to me that passive congestion alone, dependent on the state of the circulation, is a far simpler explanation. Moreover, in other diseases, in which we admit that a poison probably exists in the blood, and passes off by the kidneys, albuminous urine very seldom occurs. Let me take rheumatic fever, or acute gout. In these diseases, unless the kidneys are the seat of active congestion, or of previous disease, no albumen is ever met with. No diseases are more frequent or more severe in our hospital. The urine may present all the marks of the most acute disorder; but how rarely will you meet with albumen in the urine in acute rheumatic fever, or in intense gout. I am not speaking now of those more chronic cases of rheumatism and gout, accompanied, or sometimes caused, by a state of kidney which produces albumen in the urine; but I am impressing on you the rarity of albumen in the urine as a *consequence* of these acute diseases in which a poison probably exists in the blood. The following case is almost the only example of rheumatic fever and albuminous urine which I can give you:—

A railway porter, aged 29, was admitted March 4, 1843, in the third week of rheumatic fever. The knees, ankles, wrists, and shoulders were affected. He had also severe pain across the loins. The urine was scanty, of a very deep red colour, and contained an excess of urea, but no albumen or blood-globules.

March 6.—The pain in the loins was worse than ever; it was on both sides of the spine. The urine contained albumen and blood globules, was slightly acid to test-paper. The perspiration was highly acid and very profuse.

11*th*. There was acute pain on pressing the region of the right kidney, where the pain was worse than before. The pain was better on the left side. Urine not so deep-coloured, but contained a multitude of pus-globules, and some albumen.

14*th* No tenderness on either side. Urine was alkaline, and contained some ropy mucus, and a little albumen.

17*th*. Urine just passed neutral, with distinct pus-globules. No pain.

He went out at the end of the month, without any pain, but passing still some pus. On the 1st of May, I still found a little pus in the urine.

The contrast between rheumatic fever and scarlet fever, in the effect on the kidneys, is too striking to be overlooked. In scarlet fever, the affection of the kidneys has been considered, by the late Dr. Miller,* to be a necessary part of the disease; and Dr. Begbie has stated† that no cases of scarlet fever occur without some albumen being present at some time in the course of the complaint. I cannot agree fully to the fact, or to the theory. Albumen I have not found in every case, although it ocasionally may be found, for a very short time, in the urine, without being followed by any bad consequences, and without the slightest appearance of any desquamation of the epithelium of the mucous membrane of the pelvis or tubes.

Whenever albumen is found in the urine after scarlet fever, the greatest attention of the medical man is requisite to detect and to treat the commencement of any inflammation of the serous membranes.

A young man, aged 20, was admitted, June 20, 1843, on the fourth day of slight scarlet fever; on the 18th day he was apparently convalescent, but I detected some albumen in the urine. On the 23d day, I found still more albumen in the urine, with desquamation of the epithelium. He was perfectly free from all œdema of the face or legs, and made no complaint.

25*th*. Some pain in the left side. The following day it was increased, with dulness, and œgophony, and œgophonic breathing, at the base of the left lung.

On the 32d day, the effusion into the pleura was much diminished by treatment, but, at the apex of the heart, a distinct rubbing to and-fro sound with each pulsation was heard. This was loudest when he held his breath.

37*th* day. Still pleurisy, and pericarditis; also some rusty adhesive expectoration; urine still albuminous. From this time he gradually improved, and he went out on the 9th of August, when the urine contained no albumen.

If, then, you find albumen in the urine, watch anxiously to detect and treat any inflammation which may arise; but the inflammation may come on before any albumen appears in the urine. A boy, about 14 years of age, was admitted on the second week of scarlet fever; no albumen was detected in the urine. After a few days, he complained of most severe dyspnœa and pain in the region of the heart. Still, no albumen could be found in the urine, and there was no friction of the pericardium. The following day the friction was most distinct, but no albumen was present in the urine. The next day a minute trace of albumen was found; this afterwards increased, but was never considerable. The pericarditis, which rapidly went on to extreme effusion of fluid, yielded to treatment, and, when he left the hospital, no albumen was present in the urine.

The quantity of albumen in the urine, after scarlet fever, is no test of the dangerous symptoms which may occur. Thus, I have found very little albumen in the urine, and yet the most intense symptoms have ensued.

On the 3d Dec., 1848, I saw a school-boy, aged 19, who had been sick the night previous. I found soreness of the throat, and a scarlet eruption on the chest. The scarlet fever did well; he had no bad symptoms. On the 20th day he had some enlargement of the glands of the neck externally; they were tender to the touch. I did not examine the urine. On the 24th day he was convalescent. During the following week he had not much appetite, and he had a little pain sometimes in his head. I was not asked to see him until the 31st day; he went to bed early; the bowels had acted freely with medicine. About half past 11 P. M., an unusual noise was heard in his room; it was found that he had vomited, and was not himself. I saw him soon after 1 A. M., the 32d day; he was then vomiting. He did not complain of any pain in his head; I could get no urine, but nothing unusual had been observed in it. In a few minutes he had a most violent epileptic fit; he was cupped to six ounces; he complained much of the pain of the cupping, and while the glasses were on, he had another fit.

* "The Pathology of the Kidney in Scarlatina." By James Miller, M. D. 1850.

† Dr. J. W. Begbie, Monthly Journal of Medical Science Oct. 1852. "On Temporary Albuminuria."

Every hour, for five successive hours, a fit recurred. The pulse becoming hard previous to the convulsions, but soft and large afterwards, when perspiration came on. At seven o'clock in the morning he had had seven fits; he was bled to ten ounces. He was quieter for a time. At ten, the fits still recurred every hour, and were very strong. He was again bled to ten ounces, and was decidedly better for a time. From twelve to two, the fits became much more frequent, scarcely even remitting. There was marked opisthotonos, and the convulsions were chiefly on the right side. The pulse remained of good strength. He had much perspiration, and he passed some water in the bed At three he became quieter, and at five in the evening the fits ceased. At half-past nine he was quiet, but unconscious

At nine A. M., 33d day, he was sensible. He passed some water for me; it contained a few blood-globules; some coarse and some fine cylinders; much free uric acid; albumen very distinct, but not in large quantity. Specific gravity of urine, 1010.8; 1000 grs. of urine contained 1 gr of uric acid.

On the 41st day, the urine gave the slightest precipitate with nitric acid and heat. The albumen was scarcely perceptible. There were still some very fine fibrinous casts to be found. The specific gravity of the urine was 1023.5; it was alkaline, from fixed alkali. He had no bad symptoms, but slowly and gradually regained his strength of mind and body, and recovered completely.

I have seen the same symptoms and the same result, when the urine, on the addition of nitric acid, has become perfectly solid, from the quantity of albumen which it contained; and hence you must not consider that the quantity of albumen in the urine, after scarlet fever, is any certain index to the severity or duration of the symptoms which may occur.

A very important question connected with this subject, is, how long the albumen may remain in the urine after scarlet fever. Another is, on *post-mortem* examination of such cases, in what state is the kidney found? I have, as yet, only this answer to give to the first question—that I have seen the albumen continue in the urine for many months without any general symptoms, and that, when these do arise, they may, like Bright's disease, be acute or very chronic; and, to the second, that Dr. Miller told me, that, on the *post-mortem* examination of the kidneys of those who died after scarlet fever, he has seen both the enlarged and the contracted cortical structure characteristic of different stages of Bright's disease. If you have the opportunity of seeing much of scarlet fever, you may advance our knowledge by carefully watching the progress of these cases of dropsy, when the disease is in its most chronic form. The careful examination of the microscopical appearances in the urine during life, and of the state of the kidney after death, can scarcely fail to give new and important results.

By such observations, you may also determine whether desquamation of the renal tubes necessarily accompanies the albumen in the urine after scarlet fever; or whether, as I have myself seen, the albumen may frequently appear without any appearance of desquamation in the urine.

The question of the passage of the scarlet fever poison out of the system, through the kidney, has still to be proved. In a future lecture I may return to this point. The time obliges me now to point out the general principles which must guide you in the treatment of this state of kidney after scarlet fever; the general treatment differs, however, in no respect from that of Bright's disease. Except that recovery is more frequent, and that the symptoms yield more easily to treatment, I know of no difference between this disease and Bright's disease. Mercurials are as dangerous in the dropsy after scarlet fever as in Bright's disease. Diuretics are as much to be avoided; sudorifics and aperients are as beneficial. In extreme cases of both diseases, the benefit of elaterium might be illustrated by many examples, if my time admitted me to read them. In both diseases the blood becomes impure, from the accumulation of the products of the organic changes in the body. I might sum up the objects to be attained, if possible, in these few words, namely, relieve congestion, and purify the blood.

In conclusion, this appearance of albumen in the urine in cholera is caused by passive congestion of the kidney, while the albumen in rheumatic fever is the result of active congestion. The albumen after scarlet fever may also, at least as regards its treatment, be considered as produced by a state of more or less active congestion of the kidney. The relation of this to Bright's

disease will be the subject of a future lecture.—*Med. Times and Gaz.* Sept. 10, 1853.

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History of the recent Epidemic of Infantile Leucorrhœa. With an Account of Five Cases of alleged Felonious Assaults recently tried in Dublin. By WILLIAM R. WILDE, F. R. C. S., Surgeon of St. Mark's Hospital etc.—Considerable excitement has prevailed among all classes in Dublin during the last month, owing to the circumstance of no less than three cases of felonious assaults upon children under ten years of age having been brought forward by the Crown at the late Commission before the Chief Justices. Since these trials, leading articles have appeared in some newspapers on the subject; and a correspondence has been published in the *Freeman's Journal*, between Dr. Ireland, the Physician to the Police, upon whose informations the cases were sent for trial, and myself, as I had one of the accused persons defended. I think it also right to mention, that so impressed were those members of the profession in Dublin who were acquainted with the circumstances of the cases, that Professors Cusack, Beatty, and Geoghegan, and Drs. Churchill, Hughes, Hatchell, and Speedy, all came forward in court gratuitously, to tender their evidence in what they considered the cause of truth, science, and humanity.

Most practical physicians and surgeons, particularly those attached to public institutions, or who are well acquainted with the diseases of the lower classes, know perfectly well that vaginal discharges, attended with inflammation of the external parts, and an exematous excoriation of the labiæ, and the adjacent portions of the thighs, are not uncommon affections in girls aged from four or five to ten years. This affection has been lately denominated infantile leucorrhœa, but vaginitis is a more characteristic term. It is of a more decidedly inflammatory character than leucorrhœa, and the accompanying discharge is puriform. Occasionally, it assumes a very virulent appearance, resembling cancrum oris, and sloughing of the genitals, and even death has followed. It is at times epidemic. Sir Astley Cooper published, in his Lectures on Surgery, nearly forty years ago, an accurate description of the disease, and also in graphic terms described the consequences likely to result upon the discovery of such affections. Mr. Lawrence, in one of his lectures on Surgery, published in the *Medical Gazette* for August, 1830, also described the disease. Dr. Beatty, in the article "Rape," in the *Cyclopædia of Practical Medicine;* Dr. Churchill, in his work on *Diseases of Women;* Dr. Beck, in his *Elements of Medical Jurisprudence;* and, to come down to the latest authority, Dr. A. S. Taylor, in the edition of his work on the same subject, which was issued last year, has entered minutely into the legal questions likely to arise in cases of this nature; so that one is rather astonished at finding that any mistake should now arise as to the nature and causes of such affections.

But as such errors have arisen, and might, but for the pains taken to expose them, have led to the most serious consequences, we think it our duty as public journalists to bring the matter under the notice of our readers, not merely as a warning to such members of the profession as might, from inexperience, be led into similar errors in future, but as an exposure of the deficient system of medical police in the United Kingdom, and as a warning to lawyers and public prosecutors with respect to medical jurisprudence—a subject, by the way, on which, except when barristers "cram" for the defence of a prisoner, they are especially deficient. Even judges may occasionally require to have the well-established laws of medical jurisprudence very forcibly pressed upon them, before they will take them in evidence against the *assertion* of an ignorant witness.

The causes of the inflammation and muco-purulent discharge from the genitals of young children may be an impaired state of the general health, arising from ill-feeding and a residence in an unhealthy locality—scrofula, intestinal worms, and the neglect and inattention of their parents and guardians. Generally speaking, the disease arises, in the first instance, from some of the foregoing causes, and is then aggravated by uncleanliness. Being at first, and when perhaps confined to the vagina, painless, no complaint is made by the child, until the urine passing over the excoriated surfaces of the labiæ and inside of the thighs; or, in aggravated cases, the difficulty which the little patient experiences in walking attracts attention. Frequently, however, ac-

cident, or the state of the child's linen, first calls attention to her state.

It is here proper to premise that a delusion prevails very extensively among the lower orders in Ireland, to the effect that a man can get rid of an obstinate gonorrhœa, which has "failed the doctors," by having connection with a virgin;* and, as the easiest mode of effecting that object, a child of tender years is selected; and hence the felonious assaults occasionally attempted, and for which men have been most justly convicted, and most righteously punished. But in all such cases it has been proved that *the men laboured under gonorrhœa or venereal*, although the popular impression among the lower orders is, that the disease is not only completely but instantaneously transmitted from the male to the female. But it is not alone in this country that this popular delusion prevails. From the work of Duchesne, on the prostitution of Algiers, just published, we learn that "the Arabs believe that syphilis may be *transmitted* to a negro female, the individual thus transmitting it *becoming free from the disease.*" Well aware of this wide-spread superstition, and also naturally suspicious of any disease in the genitals of a female child or young girl, the mother at once jumps to the conclusion that some impure connection has taken place, and possibly she may be confirmed in this idea by some medical man, not conversant with such affections, stating that it may be either gonorrhœa or the result of violence. But even without this medical authority, the mother commences a course of questioning and threatening, so precisely identical with that so graphically described by Cooper, that one would think she had been instructed out of his lectures; in fact, the evidence given upon the cases lately tried in Dublin was, in truth, but a paraphrase of the very words of our great surgeon. First commences the questioning as to the fact of connection. This the poor child denies, and generally holds thereto for a greater or less period, varying according to her own knowledge of or her appreciation of truth, or the amount of reward offered, or of punishment threatened. Now, upon this subject I may remark that where a child, who has neither love nor passion to influence her, has had connection with a man, it is not likely that she will conceal it from her mother or near relatives when hard pressed; but in all cases where the crime has not been committed, considerable time elapses before the story is made out. In one of the cases tried in Dublin, the mother stated in her informations that she had to threaten her daughter severely for more than a day and night before she would acknowledge to the fact; and she also swore, at the Commission, that she threatened her little girl "*to cut her tongue out of her.*" And in another case, the mother—a step-mother, by the way—commenced by giving the unhappy child a sound flogging, and a threatening of more if she would not confess to the fact.

Then comes the next part of this extraordinary drama, also graphically described by Cooper. The names of a number of persons are suggested, not in the first instance as having perpetrated the crime, but merely as having been kind to the child, paid it attention, or given it presents. The child acknowledges to some such act of kindness. In one of the Dublin instances, a bit of sugar given some months before by the prisoner to the child, was the alleged reward, and also the reason why that particular person was selected; and in one of the other instances, "a penny to buy strawberries," was said to be the reward. The name having been at length selected, the threatenings are recommenced, and a series of questionings, as to whether such and such circumstances did not take place are instituted; and thus, as Sir Astley said, with great truth, "The child is driven to confess what never happened in order to save herself from being chastised." All this time the infatuated mother, firmly believing in the commission of a foul act, little suspects that in the promptings and suggestions to her frightened innocent child, she is leading it from the path of truth and demoralizing its mind by entering into details which, as may easily be seen from the language afterwards adopted by the child at her examinations, are those of a grown person well acquainted with such matters, and of the mother who, as the great authority so often quoted said, being "perhaps not quite clear herself, she is more ready to suspect others." If the child is taken into an hospital or a public institution (as occurred in three of the nine cases which lately appeared in

* Dr. Montgomery informs me that he knew a case in which a servant-woman affected with gonorrhœa induced a child to have connection with her, in the hope of thus curing herself.

Dublin), the mother may be disabused of her unjust suspicions, and the nature of her child's disease explained to her; and she may return to her home happy and contented, while at the same time her child is prescribed for and soon gets well. But if, on the other hand, she applies to the police, the accused person is immediately arrested without summons or warrant, as the crime is a felony punishable by transportation for life. And a system of examination and inquiry is pursued which may lead to a public trial, in which the accused man, unless ably defended or assisted by medical evidence in his behalf, stands a good chance of being sent to Spike Island or a penal colony. Such was nearly being the catastrophe lately, the particulars of which are as follows:—

I have already stated that the disease is occasionally epidemic, and such would appear to have been recently the case in Dublin, as I have received the particulars of no less than nine cases, viz. one recorded by Mr. Hamilton in the *Dublin Medical Press*, for the 4th of May last, and tried before the Recorder; the three which formed the subjects of the late trials at the Commission; two which presented at the Pitt-street Dispensary, under the care of Drs. Croker and Hardy; two treated by Dr. M'Clintock; and one at present under the care of Mr. Dwyer. In none of the cases where the children were first brought to public Institutions, or where private practitioners were consulted, were trials instituted, although, in three of them, the mothers were at first possessed with the same suspicions regarding violence and infection to which I have already alluded. In the case related by Mr. Hamilton, the first of the epidemic which presented, the facts are these: A beggar child, residing in a dirty, unhealthy lane, leading from one of the principal markets, was in the habit of receiving bread and other charities from P. Tracey, the butler of a solicitor residing on the north side of the city. Upon a certain day, the master of the house, when going out to dine, observed her at his hall door, waiting to receive the usual charity given to her at such times. He desired her to go away from the place. Trivial as this circumstance is, it is worthy of note, inasmuch as it would be one of those facts laid hold of by the Crown as corroborative of the child's statement regarding time and place. Some time afterwards, the mother having discovered a vaginal discharge and excoriation, etc., in her child, put her through the usual course of examination, and then brought her to the police-office, where she charged the servant of the gentleman alluded to with having violated her upon the day when she was seen at the door by the master, and swore that the crime took place in the gentleman's office, the next room to the dining parlour in which his family were than sitting either at or after dinner! The case came, in due course, before the magistrates; the medical officer of the police made the usual examination of both parties; found the man perfectly free from disease, but stated that the child laboured under a vaginal discharge; with other marks, which, together with the child's evidence, induced the magistrate to send the case for trial, and to refuse a large amount of bail offered for the prisoner. The informations of the child were very concise, merely stating how, when, and where the act occurred. Neither the mother nor the medical officer of the police swore any informations, and as the gentleman's family were naturally exceedingly distressed at the circumstance, the case was kept as private as possible, and no account of it appeared in the public newspapers. The child, says Mr. Hamilton, in his report, was sent to the Richmond Hospital, "by the police, as having been violated; the man suspected of the offence was in custody. The face was pale, but not delicate-looking; the crime was said to have been committed a fortnight before. Her story, which she *detailed very glibly*," being that already related. The disease in the genitals was characterized by the usual symptoms of swelling, redness, superficial sores, vaginal discharge, eczematous excoriations, extending over so much of the thighs as were washed by the discharge, or came in contact with each other. A few of the neighbouring lymphatics were enlarged. To assist in forming a diagnosis of the case, Mr. Hamilton performed inoculation, with the matter of the sores, on the thighs of the patient; but it failed. The child, he says, was in a "filthy state," at the time of her admission. The accused person did not exhibit "the smallest trace" of any affection of the genitals. I expressed an opinion, therefore, says Mr. Hamilton, "that, as far as the medical evidence went, there was nothing to show that any violence had been used with the child, or that contact had

communicated the venereal disease." The Medical Officer of the police acknowledged at the trial that the appearances might be from dirt, though they might be from violence; the case was, therefore, sent for trial before the Recorder; but, at the Sessions, "the child completely broke down in her evidence, and the innocence of the accused was fully proved." In this case, it must be remembered that the girl who so glibly detailed the whole circumstance of the connection, was in hospital for a fortnight, away from the tutoring of her parent, between the date of the arrest and the day of trial. She was taken from the hospital to the Court. The master of the servant, to his credit be it told, believing fully in his innocence, had him defended at the trial, but, although acquitted, he could not take him back into his service, owing to the prejudice which existed against his character.

I have not heard of any other case, until about the beginning of July, when it would appear that, with the close weather which was felt in Dublin at that time, several cases occurred in the dirty lanes and close unhealthy localities of our ill-sewered city. In point of time, the first of these cases was that of Margaret Walsh, a child, aged nine and a half years, in whom the disease presented in a very virulent form when it was discovered by her step-mother, who, however, acknowledged that she had remarked her *walking lame for several weeks before.* There was considerable swelling and inflammation of the parts, and a most profuse purulent discharge. Upon the discovery of the disease by the step-mother, she at once accused the child of impropriety, and demanded the name of the person who had diseased her. Upon the child's denying all knowledge of such, she was forthwith "soundly flogged," and repetitions of the punishment promised until she confessed. It came out at the investigation, that the mother took down the cross from the mantle-piece, and threatened her therewith—a very impressive mode of adjuration among the lower order of Irish. The neighbouring women interfered, and by threats and promises endeavoured to extort an acknowledgment, but without effect. Names of different persons were then suggested, but still the child said she could not remember any of them having offended her. Finally, an elder sister, who was present during one of these scenes of torture, reminded the child of an old pensioner named Barber, who resided in a distant part of the city, but who was formerly a neighbour of hers, having given her a bit of sugar some months before, when they lived in his neighbourhood. This she acknowledged, and then arose the accusation. The mother and child rushed to the police-office; the accused was immediately arrested, carried before the magistrate, and upon the evidence of the child and police doctor, committed for trial and sent to prison. In her information, sworn upon the 30th July, the child stated that the prisoner, who lives at a distant part of the city, took her into the open hall of an adjoining house; and she then entered into a most minute detail of the whole circumstances of the transaction, too disgusting to be quoted here. She also swore to having had intercourse with the prisoner several times during the previous eighteen months. The hall where the crime was alleged to be committed is one of the most public places which could be found. My object in entering into these minutiæ is to show that, even irrespective of medical testimony, the police magistrate should have been more cautious than he was. The medical officer of the police examined both parties; found the man free from disease of any description, but stated his belief to the mother and the magistrate, that the child had got a disease the result of infection. Nevertheless, although the man was so far clear, he was sent for trial. All the foregoing circumstances came out at the trial, where accurate notes were taken of the evidence. After the police examination, the mother took the child to the neighbouring dispensary, where Dr. Speedy, upon seeing the case and recognizing its true character, immediately said: "Now, I suppose, you are going to accuse some person of having injured your child"—an impeachment to which she pleaded guilty. He most generously investigated all the circumstances of the case, and came forward at the trial before the Chief Justices; but he was not examined for two reasons. The case for the Crown broke down in several respects, and the Medical Officer of the police said that he could not then, after the medical evidence which had been given upon a former trial that day, undertake to swear that the child was not infected with the infantile leucorrhœa which was common among children of the lower orders. The prisoner's counsel, how-

ever, in a very adroit address to evidence, put it to the jury, that the child had gonorrhœa which she had received from some other person, as the prisoner was not in any way diseased; and, after a few words from Chief-Justice Monahan, the jury at once acquitted the prisoner, who was discharged, with, however, that suspicion against his character which, among persons of his own class, is not easily eradicated—the laurels which he won by long service in his country's cause rather tarnished by the time he spent in Newgate, and his next quarter's pension somewhat lightened by the three or four pounds which he had to pay for his defence—while the unhappy child was stigmatized as a young prostitute who had acquired gonorrhœa when little more than nine years of age! Notwithstanding all the discrepancies in the foregoing recital of Barber's case, he might still have stood a good chance of transportation, but that a strong impression had been made upon the court and the jury by another trial which came on almost immediately before, although the date of the offence was subsequent to that now mentioned.

A Mrs. Cosgrave, an intelligent and respectable woman in her rank in life, though, as it appeared in court, not of the most cleanly habits as regards the care of her children, was informed by one of her daughters, upon the morning of the 20th July, that her sister, a little girl, aged about 9½ years, "was very sore," etc. Upon examination, the mother found her linen greatly soiled (it was subsequently sworn at the trial that the child had not had a clean chemise for eleven days, nor been washed for many months), the genitals were red, swollen, and discharging purulent matter, and all the external parts, thighs, and anus excoriated, and covered with an eczematous eruption. She awoke the child, asked her the *cause* of her disease, and questioned her as to how it had occurred, or *who* had been meddling with her. The child answered almost in the very words given by Cooper: "No one, mother; nobody has, I declare to you." Threats of the most severe punishment were then resorted to, as the mother swore in her informations, and as she afterwards detailed at the Commission, such as "cutting her, and bringing her to the doctor," and that "the doctor would *cut her tongue out of her head* if she did not tell what had occurred to her." At the end of the second day the mother suggested to her (as the child acknowledged upon her cross-examination) the name of Patrick Kane, a coachman, residing with his wife and family in the same lane, and who, being very fond of children, was in the habit of allowing this little girl, along with his own children, and other boys and girls, to get upon his master's car or carriage while driving round to the stables. Here was the third case made out.

The fourth was that of a little girl aged 7, named Delmere, who resided in the same lane (which, owing to the neglect of the police and the corporation authorities, is a very unhealthy locality), and in the same house with the prisoner. She, becoming severely affected with vaginal discharge, told her mother that she was sore; who, upon examination, very properly said, as she swore in her informations, "You are scalded," but asked no questions, and paid no farther attention to the matter. Next day, the elder child Cosgrave, who had by this time made up her mind to the accusation, with all its details and circumstances, meeting her little neighbour in play, and knowing that she also was sore, told her all that had happened to her, and what she had told *her* mother about Mr. Kane. Immediately afterwards, the mother of the elder child sent for the mother of the younger, and told her that "Kane had committed violence upon both the children," During the night, the exasperated and infatuated mothers went to the police, and had the man taken out of his bed; the accusation being for a felony, and not requiring either warrant or summons.

At the police-office next morning, Saturday, July 23, each child swore to *precisely the selfsame story*, that the prisoner, at 1 o'clock on the Friday week before (which she said she had reason for remembering), had taken her up to a hayloft by a certain ladder, committed the act, made use of certain expressions, and then brought her down again. With respect to the commission of the crime, the examining magistrate led each child into the most minute details by asking the following—"Did the prisoner lay you down?" "Did he take *down* his breeches?" "Did he take up your petticoats?" "Did he lie down upon you?" "Did he put his private parts into yours?" To each question of which the child answered 'Yes, sir!" she being then upon

her oath.* But, she herself gave no history whatsoever of the transaction farther than her answers to the magistrate, and never said, "No!" to any question put to her. In fact, I believe she would have said "Yes" to the most preposterous question put to her by the magistrate. This may possibly be the usual form of examination, but it is one which, I think, in the case of young children, and especially when labouring under fear of punishment, and where there may be a doubt of their veracity, is very objectionable, being, I think, liable to the imputation of a "suggestion." In proof of this, it is remarkable that the exact expressions employed by the magistrate, with respect to the mode of committal of the act were those used by the child at the subsequent examination before the Commission. when, although more than three weeks had elapsed, she was able to detail the circumstances minutely. Farthermore, the term "private parts," used by grown persons, and employed by the magistrate and the law officers of the Crown, is certainly not the expression likely to flow spontaneously, or without tuition, from the lips of young children in the rank of life of the prosecutrices.†

Before I proceed farther into the details of these two cases, it is right to inform the reader that the accused person was my coachman, and hence the reason why I have thus anxiously investigated the whole matter, not merely for the purpose of defending him, but of showing that the crimes were never committed; and thus wiping out the foul national stain of having it alleged that *four* children were violated in our city within the space of two or three months A man may bear a previously good moral character, yet, we know, be guilty of the most heinous offence; I have, therefore, only to say for this person, that he had lived with myself and others many years, and bore a most unblemished character. He and his wife and family lived in the lane running at the rear of the street in which I reside; and, being remarkably fond of children, he was in the habit, as I already mentioned, of allowing those residing in the lane to get upon the car or carriage "for a drive," when passing in or out to the stables, which he usually does *at stated hours*, and also of permitting them to go into the yard, and to occasionally get on the hayloft (to look at some kittens, *as the child acknowledged* on her cross-examination). I allude to these circumstances here, because, as in the former case, they afforded materials for the Crown to get up *corroborative evidence*.—*Med. Times and Gaz.* Sept. 10, 1853.

[*To be continued.*]

* Persons who may be acquainted with the ignorance or simplicity of young children will be rather surprised at hearing them, when handed the book in a court of justice, and asked if they know the nature of an oath, without a minute's hesitation reply, "If I told a lie I'd go to hell"

† In a case of felonious assault tried lately at the assizes, before Judge Ball, at Maryborough, the child, on her cross-examination by Mr. Curran, acknowledged that she had been told by a policeman's wife, in the barrack where she lately had resided, how to describe the act which she said had been committed upon her. It was a case somewhat similar to those which recently occurred in Dublin: the child having had a discharge, and the prisoner being unaffected. The case broke down completely, and the man was acquitted.

SKETCHES AND ILLUSTRATIONS OF MEDICAL QUACKERY.

Four Strongholds of Quackery in the Fourth Estate. [*The Press*]—One of the most discouraging features of the times in connection with quackery is the facility with which portions of the press can be seduced to circulate the manifestoes of charlatans; and another cause of sorrow is the apathy with which our profession regards the dissemination of pseudo-medical periodicals, and tolerate those quasi-professional men who basely purchase the praises of these prints, by clandestine and ignoble compacts.

There are in the fourth estate four strongholds of quackery, to which at present we particularly wish to direct attention, viz:—

I. Newspapers, especially those published in the provinces and in the colonies;
II. Religious (?) Periodicals;
III. Pseudo-Medical Papers; and,
IV. Medical Journals.

A standing order from half a dozen quacks for the insertion of their long advertisements, and an agency for their medicines, are with nine of every ten provincial and colonial newspapers necessary elements of existence. A paper with a limited local circulation, and a small number of legitimate advertisements, requires assistance from the advertising quacks; and the money which a provincial or a colonial newspaper

receives from them is its chief sustaining pabulum, when the richer bribes of contested elections and local feuds cannot be grasped. Piles of provincial and colonial newspapers are now before us, the majority of which are actually choked with the knavish and often indecent advertisements of notorious medical swindlers. Many of these papers have been sent to us accidentally, in consequence of their containing obituary notices and miscellaneous articles of medical intelligence; and in few of them can we trace any symptoms of open war with the regular profession. We have found also, upon careful and extensive inquiry, that these papers, containing the fraudulent declarations of pill-cheats, and the beastly blackguardism of venerealists, circulate freely both at home and abroad, in the family circles of the high and the low, of the rich and the poor. To speak the truth plainly, the literature of the brothel is introduced regularly and systematically into the parlour and the boudoir; and thus with the maiden and the matron, with the virtuous and the vicious, obscene expressions suggestive of impure thoughts are made

"Familiar in their mouths as household words."

Surely, the piety and the gallantry of England might be induced to join with legitimate medicine in a determined league to dislodge the venerealists, with their body and soul destroying lures, from family newspapers; and if these journals cannot be induced by moral suasion to reject these abominations, let them be starved into submission by all honest men refusing them admission into their homes. Let a brand of infamy be placed upon their readers and subscribers.

Some, we know, affect to believe that the familiar exhibition of vice is a preserver of virtue; just as others of kindred bias assert, that witnessing the nudities of the *ballet* invests the male and female aristocracy of England with a chastity of heart, speech, and behaviour, which can only find a parallel in ancient Lacedæmon, where similar displays were sanctioned.

"Old Sparta, sternly virtuous, made
The pure and spotless maiden
To join the wrestler's ring, by naught
But nature's vesture laden.

"No crimson hues along her cheek
Arose to mar her beauty:
Why feel dishonest shame, if true
To honour and to duty?

"Nor word, nor look, betrays the fire
Which in the bosom gathers
Of Lacedæmon's youths, who sit
Beside their warlike fathers."*

Poets may so write; but medical practitioners know human nature too well to believe that the passions of youth are so controllable. They have penetrated deeply into the recesses of many a broken heart, and learned from many a victim of premature senility, that the first introduction to vice, and to those who pander to it, has been through the pages of the family newspaper. Purity of thought is in both sexes the outpost of chastity; and if we wish our wives and our daughters to take rank with the Portias and Cornelias of society, how can we allow them—nay, compel them almost—to read the advertisements about "manly vigour" and "sexual debility," with which the newspapers are teeming? We ask earnestly, and in the hope of receiving an answer in virtuous and united action, Why do husbands and fathers purchase these poisonous and indelicate writings, and allow them to taint the purity of the domestic sanctuary?

It is not upon mere professional grounds that the quacks ought to be driven from their great stronghold, the provincial and colonial newspapers. Public morality demands this; and public opinion might, we are confident, be easily made to accomplish it. If there is no man in parliament who will ceaselessly agitate this question till redress be obtained, we must get some one to enter parliament with this special mission—and such a patriot statesman is much wanted at the present time—a man who understands in all their gigantic and catholic bearings the medico-political and sanitary questions of the day.

The religious periodicals constitute another stronghold of quackery. What is popularly designated the "religions" press, is pre-eminent as the accomplice of the medical quack. All sects seem equally to participate in this iniquity. We can trace no difference in this respect between Protestants and Papists, Churchmen and Dissenters. With a very few honourable exceptions, the publishers of religious periodicals seem to be so blinded to all decency by their thirst for profit, that the piety and morality of the interior of their publications

* Savioli, as rendered in the U. S. Lit. Gaz.—*Vide* Longfellow, p. 601.

forms a violent contrast to the impiety, fraud and filth displayed upon their wrappers. Probably the explanation of the degraded condition of the religious press lies in the fact, that the works complained of are mere trade speculations of mean capitalists, who look upon religious readers, and quack advertisers, equally and only in the light of parties to be conciliated for the sake of their cash.

In the *Edinburgh Christian Magazine* for April last, there is an article entitled "Medical Quacks, with special reference to the Working Classes." In this paper, irregular practitioners are forcibly and unsparingly denounced; as will appear evident to the reader of the following extract:—

"To patronize quackery seems nothing less than to deny the wisdom of God's arrangements in the world, and to act on principles which are true only on the supposition that there is no order, no law, no government; but that all is confusion and chance, amidst which a fool may succeed, or pick up truth as well as a wise man."

After perusing with pleasure these and kindred sentiments, we proceeded to examine the wrapper of the magazine, when, behold; there met our eyes in flaming capitals

"Health for a Shilling!"

heading the details of one of the *soi-disant* Prof. Holloway's "extraordinary cures." Alas! alas! it is indeed more easy to preach than to perform the obligations of religion and morality. To the speculators of the *Edinburgh Christian Magazine* we would say, "Deeds, and not words!" Wash your hands, gentlemen, from the unhallowed gains of quackery, and remember that you yourselves have truly written, that to patronize quackery is to deny the wisdom of God.

Pseudo-medical papers, as many of our readers may know, are maintained in London by homœopathists, hygeists, chronothermalists, Mesmerists, hydropathists, and Coffinites. Each of these sects has its own organ; and several individual quacks support and disseminate journals for their own trade. Speaking generally, there is a close alliance among all the quack journals; and most of the open charlatans, as well as quasi-medical authors, use all of these papers avowedly or under the rose for keeping their names before the public. It is not only, however, by the advertising columns and notices to imaginary correspondents, that the friendly understanding among the various denominations of medical sharpers is illustrated. The *Homœopathic Times*, for example, espouses multifarious and theoretically opposite forms of quackery. In *Coffin's Botanical Journal* for the 4th of June, in a leading article upon the "Doctors' New Reform Bill," we read the following paragraph. The capitals and italics we may premise are those of the original.

"When we see any danger of this Bill passing, our friends may rest assured we shall soon inform them of it, in order that petitions against it may be sent from every city, town, and village in Great Britain. This will be the time for action and Union among Homœopathists, Hydropathists, Mesmerists, Medical Botanists, etc., to fight and conquer their common foe, allopathy; the supporters of which system have, according to one of their own body, Dr. Frank, '*slaughtered thousands in their quiet sick rooms.*'"

The pseudo-medical press is a stronghold from which it is not to be supposed that quackery can ever be dislodged; but the profession can materially weaken it, by disowning those false brethren who clandestinely accept the meretricious blandishments of its commanders. On a future occasion we may examine with some minuteness the bastard medical journals, with the view of unmasking or testing the reality of certain disgraceful alliances which are commonly believed to exist between them and persons who wish to pass current as respectable authors and practitioners. In the mean time it is important for the profession and the public to be frequently and distinctly told, that there are some six or eight journals published in London, under the medical ensign, which make a piratical display of our colours, only that they may the more stealthily pounce upon and plunder their victims.—*Assoc. Med. Journ.* June 17, 1853.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Review of the Weather in Philadelphia in August, 1853.—August, like the two preceding summer months, was unusually

warm. Of the first eighteen days, the morning temperature ranged between 71 and 78°; and the mid-day heat was but three times below 80°. On six days, also, within the same period, the mercury ranged from 90 to 94° at 2 P. M. At sunrise, on the morning of the 19th, the temperature had fallen to 63°, and at the same hour on the 20th, to 59°; when the weather again became warm, the mid-day heat ranging from 72 to 86° to the end of the month.

The mean average temperature of the eighth month, for Philadelphia, is 73°, while the average of the same month this year was 76.76°, or nearly 4° above the common average; a mean temperature but twice exceeded, according to our record, in the last 64 years, viz., in 1798, and in 1838, when the mean rose a fraction higher, or to 77°.

Rains, which abounded the previous month, continued frequent up to the 18th, since which two showers only have occurred. On eleven days more or less rain fell (five times accompanied with thunder), amounting in all to 3.08 inches, as measured at the Pennsylvania Hospital.

The heavy shower on the evening of the 8th, like nearly all our thundershowers, arose in the north, or north-west, beginning in Albany at 6, and ending a little after 7 P. M.; where the lower streets were rendered impassable by the flood, and the writer, with many others, waited (like the countryman in the fable) for the river to flow by. Descending the Hudson next morning, it was found the thundershower had extended to the city of New York, and had occurred there an hour later; and on arriving at Philadelphia, we found it recorded, as in the table below, from 8¾ to 10 P. M.; thus travelling south about 160 miles in a little less than three hours, or at twice the usual speed of our railroad trains.

The standing crops are promising, if we except potatoes, which are suffering from the usual epidemic disease in several localities.

On looking over our records, we find that the mean temperature of the three summer months was 76.77-100°, which is about 4° above the mean summer heat of this city, as deduced from observations for the last sixty-four years. This temperature has been exceeded but five times within that period, and then by less than one degree Thus, in the years 1793 and 1798, and in 1822, the average summer heat was 77°; and in the summers of 1828 and 1838, the average rose to 77¾°, according to the record of Pierce. We find, also, that the warmest day of the past summer was the 22d of the sixth month (June), when the mercury was 97° at 2 o'clock P. M., and the average heat of the whole day rose to 87½°. Also, that the mid-day heat rose to 90° and above, on ten days in the first summer month, on four days in the second, and on six days in the third summer month —giving twenty days on which the mercury rose to 90° or above, during the past summer—a number equalled or surpassed but twice on our extended record, viz., in 1825, when the number was 29; and in 1828, when it was 22; and, farther, that during the past summer more or less rain fell in thirty-two days—sixteen days were cloudy, and forty-four are put down as clear—and that the whole fall of rain for the summer was 10½ inches. That during the summer the wind was

Easterly	the whole or a part of	29	days.
Westerly	" "	72	"
Northerly	" "	52	"
Southerly	" "	59	"

The health of the city, compared with other seasons, continues good. The whole number of deaths for the four weeks falling within the past month, was 1,027; for the same period last year, 913; and for 1851, 839; showing an increase scarcely in a ratio with the increase of population So, too,

Mortality of the whole summer	1851,	2,765
" "	1852,	2,492
" "	1853,	2,831

Showing an increase of less than three per centum for the last three years.

Still, there have doubtless been a few fatal cases of an imported malignant fever occurring near the river, in one of the districts, and the opinion is common that increased watchfulness and efficiency on the part of the health officers to prevent the spread of infection, is called for.

The heat of the last summer, we have seen, equalled that of 1793 and 1798, when a foreign disease prevailed in this city; and it is impossible to read the simple statement of Pierce. in his review of the weather for August of the latter year (pp. 149–150), without being struck with the similarity of many circumstances occurring then and now. "During this and the succeeding month," says Pierce, "several cases of yel-

low fever again occurred near the wharves, in the eastern part of the city, which were traced to two vessels from the West Indies, that came from a sickly port, and had lost part of their crews by the yellow fever; but through the vigilance of the Board of Health, the vessels were sent down to the quarantine, and the fever was stopped after a few cases had occurred." He adds: "The same fever, which occurred in this city in 1793, was also imported by vessels from the West Indies, where said fever prevailed, *but it had then spread to an alarming degree before it was ascertained that it was imported.*" P. S.

PHILADELPHIA, *9th Month 2d*, 1853.

Days of month.	THERMOMETER.			WIND—COURSE AND FORCE.		REMARKS.
	Sunrise.	2 P.M.	Mean.	Sunrise.	2 P.M.	
1	75	90	82½	N. W. 1	S. S. E. 2	Thunder and a little rain at 2½ P.M.
2	73	87	80	N. W. 3	S. W. 2	Fair.
3	72	80	76	N. E. 2	N. E. 2	Cloudy, fair, cloudy, shower at 7 P.M., rain till 9 P.M.
4	75	80	77½	E. by S3	N. W. 3	Cloudy, fair, cloudy.
5	74	86	80	N. W. 1	S. E. 1	Fair, clear, rain at night.
6	74	85	79½	S. W. 3	N. W. 3	Cloudy, fair, clear.
7	72	76	74	N. by W. 1	N. W. 1	Cloudy, clear.
8	71	86	78½	S. E. 2	S. W. 1	Cloudy, clear, tempest at 8¾ P.M. till 10.
9	71	88	79½	N. W. 1	S. W. 1	Clear.
10	74	92	83	S. W. 1	W. 2	Cloudless, clear.
11	76	94	85	W. 1	S. W. 2	Cloudless, clear.
12	76	94	85	S W. 1	S. W. 2	Cloudless, clear.
13	78	93	85½	S. W. 1	S. S. W. 3	Cloudless, clear.
14	77	93	85	S. W. 1½	S. W. 2	Cloudless, shower, with lightning at 9½ P.M.
15	77	88	82½	N. by W.½	N. E. 4	Clear, cloudy, rain 6½ P.M.
16	72	74	73	N. 3	E. N. E. 3	Thundershower at 5 P.M., occasional showers.
17	72	82	77	N. ½	N. by W. 1	Dense fog, cloudy, rain 7 P.M. and evening, with thunder.
18	72	78	75	S. W. 2	S. W. 3	Rainy most of the day.
19	63	76	79½	N. W. 5	N. W. 4	Clear.
20	59	76	67½	N. W. 1	N. N. E. 4	Clear, fair.
21	62	79	70½	N. W. 1	S. 1	Cloudless, clear.
22	65	84	74½	W. S. W. 1	S. W. 3	Clear, cloudy.
23	65	81	73	N. 3	S. 2	Clear.
24	69	84	76½	S. 3	S. W. 4	Overcast, clear.
25	74	80	77	W. 3	N. 2	Overcast, cloudy, slight rain A.M.
26	68	82	75	N. 2½	N. E. 2	Clear, fair, clear.
27	72	86	79	S. 2	S. by W. 4	Overcast, cloudy, thundershower evening.
28	60	72	66	N. W. 2	N. W. 3	Cloudless, cloudy, cloudless.
29	60	75	67½	N. W. 1½	W. N. W. 2	Fair, cloudy, clear.
30	62	80	71	calm	S. 1	Clear.
31	66	85	75½	S. W. 1	S. 3	Clear, fair, thermometer 80° at sunset.
	70.12	83.41	76.76	1.7	2.3	Monthly mean.

Yellow Fever.—This disease still prevails in *New Orleans*, though in a diminished degree. The total deaths in that city from May 28 to September 16 amount to 10,440, of which 7,922 were from yellow fever.

Mobile has suffered comparatively even more than New Orleans from yellow fever. We give below a synopsis of the mortality from the 1st of August to the 16th inst., inclusive. The first cases of yellow fever ascertained to have originated in Mobile, occurred about the 13th or 14th of August. Full returns, however, have only been made from the 20th of that month. Prior to that date we have been unable to obtain the number of interments in the Roman Catholic Cemetery. We have assumed them, however, to have been about one-fourth the whole number, and on this supposition, by adding one-third to the numbers reported by the City Sexton, we may fairly presume that we have at least approximated to accuracy. We have made this estimate the basis of the following table to the 19th August (inclusive), after which the reports are official. We shall then have:—

	Yellow Fever.	Other causes.	Total.
From Aug. 1 to Aug. 12, inclusive,	8	44	52
For the week ending Aug. 19,	39	32	71
" " " 26,	37	27	64
" " Sept. 2,	156	44	200
" " " 9,	194	47	241
" " " 16,	177	35	212
Total from Aug. 1 to Sept. 16,	611	229	840

Galveston, Pensacola, Natchez, Vidalia, Woodville, Port Gibson, Natchez, Vicksburgh, Montgomery, &c., have also suffered severely from the fever. The *Natchez Courier* publishes the list of interments in that city for the past two months. The first death from yellow fever this season, was on July 17. Since that date to the 18th September, there have been 256 deaths, of which about 225 have been from that dreadful scourge. Up to August 11, the yellow fever deaths have been but five; since that period, a space of 37 days, 220, an average of nearly six a day. In three weeks from August 24, to September 13, the deaths were 179—an average of about 9 a day. The population of Natchez cannot have exceeded, during the prevalence of the epidemic, 2000; many do not estimate it at that number. Thus during the ill-fated three weeks, over nine per cent. of the population were taken to the silent tomb. During the fortnight from August 27 to September 19, the mortality was 144—or an average of 20½ a day. This mortality far exceeds that of New Orleans, vast as that was.

The following statement of the number of deaths in the city of Natchez since the commencement of the present epidemic, is given by the *Natchez Courier*:—

For the week ending July 19,	2
" " " " 26,	5
" " " Aug. 2,	5
" " " " 9,	6
" " " " 16,	12
" " " " 23,	22
" " " " 30,	56
" " " Sept. 6,	66
" " " " 13,	57
" " " " 20,	33
Total,	263

In *Philadelphia* some cases have occurred, all traceable to a very small district. The frosts of the last few nights will doubtless put an entire stop to it here.

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American Medical Association. Committee on Prize Essays.—At a meeting of the Association, held at New York, in May, 1853, the undersigned were appointed a committee to receive voluntary communications on medical subjects, and to award two prizes of $100 each, to the authors of the two best essays.

Each communication must be accompanied by a sealed packet, containing the name of the author, which will be opened only in the case of the successful competitors. Unsuccessful communications will be returned on application after June 1, 1854.

Communications must be addressed, post-paid, to the chairman of the committee, Dr. Charles A. Pope, 123 Locust street, St. Louis, Mo., on or before the 30th of March, 1854.

Charles A. Pope, M. D., Thomas Reyburn, M. D., John S. Moore, M. D., John B. Johnson, M. D., A. Litton, M. D., *Committee.*

CHARLES A. POPE, M. D.,
Chairman.

—

Response by Oliver Wendell Holmes, M. D., to the following Toast, proposed at the Entertainment given to the American Medical Association, by the Physicians of the city of New York, at Metropolitan Hall, on the 5th of May, 1853:—

TOAST.—"The Union of Science and Literature—A happy marriage, the fruits of which are nowhere seen to better advantage than in our American *Holmes.*"

I hold a letter in my hand—
A flattering letter—more's the pity—
By some contriving junto planned,
And signed *per order of Committee;*
It touches every tenderest spot—
My patriotic predilections—
My well known something—don't ask what—
My poor old songs—my kind affections:

They make a feast on Thursday next,
And hope to make the feasters merry—
They own they're something more perplext
For poets than for port or sherry—
They want the men of—(word torn out);
Our friends will come with anxious faces,
(To see our blankets off, no doubt,
And trot us out and show our paces.)

They hint that papers by the score
Are rather musty kind of rations;
They don't exactly mean a bore,
But only trying to the patience;

That such as—you know who I mean—
Distinguished for their—what d'ye call 'em?—
Should bring the dews of Hippocrene
To sprinkle on the faces solemn.

—The same old story; that's the chaff
To catch the birds that sing the ditties;
Upon my soul, it makes me laugh
To read these letters from Committees!
They're all *so* loving and *so* fair—
All for *your* sake such kind compunction,
'Twould save you carriage half its wear
To grease the wheels with such an unction!

Why, who am I, to lift me here
And beg such learned folk to listen—
To ask a smile, or coax a tear
Beneath these stoic lids to glisten?
—As well might some arterial thread
Ask the whole frame to feel it gushing,
While throbbing fierce from heel to head
The vast aortic tide was rushing.

As well some hair-like nerve might strain
To set its special streamlet going,
While through the myriad channeled brain
The burning flood of thought was flowing—
Or trembling fibre strive to keep
The springing haunches gathered shorter,
While the scourged racer, leap on leap,
Was stretching through the last hot quarter!

Ah me! you take the bud that came
Self sown in your poor garden's borders,
And hand it to the stately dame
That florists breed for, all she orders;
She thanks you—it was kindly meant—
(*A pale offair not worth the keeping—*)
Good-morning; and your bud is sent
To join the tea leaves used for sweeping.

Not always so, kind hearts and true—
For such I know are round me beating—
Is not the bud I offer you—
Fresh gathered for the hour of meeting—
Pale though its outer leaves may be,
Rose-red in all the inner petals,
Where the warm life we cannot see—
The life of love that gave it, settles?

We meet from regions far away
Like rills from distant mountains streaming;
The sun is on Francisco's bay,
O'er Chesapeake the lighthouse gleaming;
While summer skirts the still bayou
With every leaf that makes it brighter,
Monadnock sees the sky grow blue
And clasps his crystal bracelet tighter.

Yet Nature bears the selfsame heart
Beneath her russet-mantled bosom,
As where, with burning lips apart,
She breathes, and white magnolias blossom:
Ay! many a cheek is kindled here
With morning's fire as richly laden
As ever Sultan of Cashmere
Kissed from a sun-enameled maiden!

I give you *Home!* its crossing lines
United in one golden suture,
And showing every day that shines
The present growing to the future—
A flag that bears *a hundred* stars,
In one bright ring, with love for centre,
Fenced round with white and crimson bars,
No prowling treason dares to enter!

O brothers, home may be a word
To make affection's living treasure—
The wave an angel might have stirred—
A stagnant pool of selfish pleasure;
HOME! It is where the day star springs
And where the evening sun reposes,
Where'er the eagle spreads his wings
From northern pines to southern roses!

New York Medical Times.

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Medical Department of Pennsylvania College.—Prof. HENRY S. PATTERSON, in consequence of enfeebled health, has resigned his Professorship of Materia Medica and Therapeutics, and been appointed Emeritus Professor. Dr. JOHN B. BIDDLE has been elected to the vacant chair, and will, we are sure, fill it with entire satisfaction to his class.

—

Profs. Chapman and Horner.—At the semiannual meeting of the Faculty of Jefferson Medical College, held on the second day of July, 1853, the announcement of the decease of Professors HORNER and CHAPMAN having been made, it was resolved *unanimously*, that the Faculty, in common with their medical brethren, deeply deplore the loss to science of two individuals. the better part of whose valuable lives had been spent in the successful teaching of a profes-

sion of which they were distinguished ornaments, and to the advancement of which they had both so largely contributed.

Resolved, That a copy of this resolution be sent to the families of the deceased, and be published in the medical journals.

Extracted from the minutes.

R. M. HUSTON, M. D.,
Dean of the Faculty.

FOREIGN INTELLIGENCE.

Nasal Injections considered as a Means of nourishing New born Infants By M. Henriette, Physician at the Hospital for Foundlings at Bengal.—The author adverts to the want of success which, in his hospital, has attended every effort hitherto made to nourish foundlings, who, upon their reception, refused to take the breast. Accident induced him to inject food by the nose. An infant was attacked by ozæna. It suckled with the greatest difficulty, being obliged to let go the nipple every moment, in order that it might breathe. Milk was injected through the nares, and, to the surprise of the author, it passed upon each occasion into the stomach. In May, 1851, an infant was brought to the hospice in a state of extreme weakness; it was scarce seven months old, and its appearance indicated precocious birth. It took no food; whatever was put into the mouth was spit out as it was given. Under these circumstances, its life was despaired of; for it is a known fact that in hospitals for young infants death is the rule for those who will not take the breast. Dr. Henriette commenced injecting daily through the nose milk taken from the mammary gland of the nurse destined for the child. The operation was repeated frequently, and in the course of a few weeks the patient became well-nourished and thriving. At the date of February 1, 1852, eleven infants, who had refused to suckle, had been thus supplied with food. Of these, seven were rescued from death; and in the remaining four, who ultimately died, life was prolonged from periods varying between five and twenty-four days. The author remarks, that this proceeding is adapted to infants prematurely born, whose weakness depends upon imperfect organization, and not to those suffering from internal disease; and he relates the differences of appearance between the two. In speaking of the advantages of these nasal injections, he remarks that they require no effort of the will; and he alludes to their applicability to those infants who, brought to the hospital weak and apparently dying, lie in their cradles, occasionally uttering slight cries, but generally silent, refusing upon any inducement to take notice of their nurse. Of such, it appears, a great number are annually received. *Post-mortem* examination has failed to detect in them any important lesion.

The infant being placed upon the lap of the nurse, the surgeon introduces the tube of a syringe, previously warmed, supported by the thumb of the left hand, about a line into the nasal aperture. If introduced farther, it excites a fit of sneezing, and might wound the mucous membrane in the event, which occasionally though rarely happens, of the child being unruly. The liquid must be propelled very slowly; it passes into the posterior part of the pharynx, and runs, drop by drop, down the œsophagus into the stomach. The presence of food in the alimentary canal effects those changes in the condition of the child which, in many cases, induce it in the course of a few days to take to the breast in the natural manner.—*Revue Méd.-Chir. de Paris*, 1853.

M. Henriette has since published an appendix to the foregoing, in which he recommends the administration of medicines in infants, and occasionally in adults, by the same passages.—*Med. Times and Gaz.* Aug. 20, 1853.

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Note upon the good Effects of Milk in Cases of Poisoning by Nux Vomica. By M. Gorre. — A domestic, while drunk, swallowed fifteen pills of extract of nux vomica. Half an hour afterwards, M. Gorré found him suffering frightful tortures, the face expressing suffering, and the eyes wild; he was unable to utter any articulate sound, but the rigidity of the jaw and of the limbs indicated the nature of the poison. M. Gorré introduced, with difficulty, a finger between the teeth, and excited vomiting, by which some fragments of pills were thrown up. Then, finding a quantity of milk at hand, he made him drink large quantities at short intervals. The stomach, distended beyond measure, relieved itself from time to time by regurgitation of the enormous quantities of liquid which it was made to receive; and M. Gorré, finding the serious symptoms disappear, insisted upon a continuance of the

same treatment, under which the patient recovered.—*Med. Times and Gaz.* Aug. 20.

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Upon a Peculiar Form of Ulceration of the Gums. By M. Bauchet.—Persons are seen, both in hospitals and in private practice, who suffer for weeks, and even for months, in certain points of the gums. If the buccal cavity be explored, it will be remarked that at the level of the neck of one or more teeth there is a spot of ulceration which produces separation of the gum. It is a sort of diphtherite, terminating in ulceration; the ulcer heals readily under the application of astringents or mild caustics.—*Ibid.* from *L'Union Médicale.*

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Cholera.—The official returns at Copenhagen, to the 14th of August inclusive, announce 6937 cases of cholera since the appearance of the epidemic, 3756 of which have been fatal. In Stockholm, the *Gazette* daily announces additional ports, the vessels arriving from which are to be subjected to quarantine on suspicion of cholera. The last places on the list are Danzig and all Prussian and Mecklenburg harbours, and Archangel and all Russian ports on the White Sea. Reports from St. Petersburg represent the disease raging there as presenting symptoms peculiar to cholera blended with those characteristic of yellow fever. In consequence of the cholera, the opening of the University in Copenhagen has been put off for a month; 600 families are living under tents and in wooden booths hastily knocked up. The troops in the camp at Powonski, near Warsaw, are much troubled with ophthalmia, and the cholera has again begun to show itself in the capital of Russian Poland. Though this has not yet been officially made known, the correctness of the information may be depended on.—*Med. Times and Gaz.* Aug. 27, 1853.

Cholera.—This disease has now spread over the Baltic Provinces; cases are upon the increase at Stettin (170 had died previous to August 23), and are numerous at Dantzig, where the epidemic may become extremely dangerous, in the lower part of the town, and in the environs, in consequence of the humid atmosphere. In Denmark, the heat, which has prevailed some time, has caused great intensity to the cholera, and the alarm among the inhabitants of Copenhagen is such, that all who could leave for the provinces, which are yet healthy, have done so. The Medical Boards sit *en permanence*, and several physicians have already fallen victims to the disease. The King of Sweden has suspended the Swedish Consul at Lubeck for supposed laxity in not announcing cases of cholera that had broken out there. In spite of all quarantine precautions, this epidemic has introduced itself into Sweden, and is raging there, though not to so fearful an extent as in Denmark. The king himself visits the cholera hospitals, and nothing is left undone to mitigate the evil. At Spendborg, on the 20th, there were 21 deaths out of 55 cases. The cholera appears to be increasing at Stockholm, as the official return on the 19th stated 21 cases and 13 deaths. The disease is also prevalent at Ystad, Gothenburg, and Carlscrona. It is stated to have likewise made its appearance in Christiana. Accounts from Copenhagen, up to the 26th inst., state that the cholera was again somewhat on the increase. The military arrangements for inspection of the troops were changed, the infantry not called out, and the cavalry only to the extent of 120 men to each squadron. The cholera was diminishing in St Petersburg, but was spreading, though in a mild form, over all the eastern provinces. *Berlin.*—August 30.—The cholera has appeared here in a very virulent form, though in a very few cases; since the beginning of the month up till now, 52 cases have occurred, of which 37 were fatal. Now that the epidemic is here, the deliberations as to the building a cholera hospital have been brought speedily to an end in the affirmative. *Hamburg.*—We have received information from Hamburg, on which reliance may be placed, that Asiatic cholera, which for several weeks has appeared there in single or isolated instances only, forming what is technically called "sporadic" cases, is now assuming an epidemic form. There appears to have been in all, from 160 to 180 cases of the disease, about two-thirds of which have been fatal, a circumstance which proves the extreme virulence of its character. The present seats of the malady are the places where the poor English sailors, to the number of about 800, lodge and spend their time on shore. They are at present wholly uncared for. During the epidemic of 1848, great numbers of lives among this class of men were lost for want of the most common precautions, and this

loss of life will be repeated unless timely measures are taken for their protection.

Liverpool.—A death from Asiatic cholera has occurred in Liverpool. The deceased was a German emigrant, and had imported the disease from Hamburg, and the death occurred in a crowded lodging-house in one of the inferior parts of the town. The attention of the health committee has been drawn to the case, and also to the dangerous overcrowding of these emigrants' lodging-houses, which are numerous in Liverpool.

Several cases of sickness among the ships in the harbours of Stockton and Hartlepool have been reported as English cholera. Some of them have been accompanied with aggravated appearances, and the faculty are divided in opinion as to the nature of the disease. Whatever be the disorder, several seamen on board different ships, have died after a few hours' illness, and have been hastened to their graves.—*Lond. Med. Times and Gaz.* Sept. 10, 1853.

England.—By very late accounts we learn that cholera prevails in the sea-ports and larger towns of England. Up to Monday, Sept. 12, 133 cases of cholera occurred at Newcastle, of which 53 have been fatal. The disease has also broken out at Hexham, Gateshead, North Shields, South Shields, Sunderland, Manchester and Liverpool.

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Compulsory Vaccination.—A bill has been introduced into Parliament by Lord Lyttleton, to render vaccination compulsory, and which is so unjust to the profession in requiring from them services for which no adequate remuneration is offered, that we hardly think it possible that it can become a law. The bill is justly denounced in the *Association Medical Journal*, April 15, 1853, "as unsound in principle; because it seeks to enforce, by legal compulsion, that which it ought to offer as a boon—that, too, which, if kindly tendered, and accompanied with a truthful warrant of efficiency, would, we are inclined to think, be generally received as a great blessing. Should exceptional cases, in which ignorance resists the boon, still be found, it may then be right to think of a compulsory enactment; but till an efficient system of voluntary vaccination be attractively placed within the reach of all, it would be monstrous to inflict upon the community compulsory submission to poor-law vaccination, a system which, from its unpopularity and meanness, can exercise only a very limited protective power. We do not require an extension of the present worthless system, but the maintenance of a supply of good lymph, and the careful and repeated examination, by skilful, conscientious, and remunerated medical officers, of each case operated upon. Let public vaccination, under these conditions, be offered to the public; and when vaccination under these conditions has been rejected, it will be time enough to discuss the necessity of a compulsory bill.

"The bill is unworkable in its machinery, because it attempts tyrannically to impose onerous gratuitous services upon the medical profession. The poverty of some and the thoughtlessness of others make many of our body accept poor-law appointments at non-remunerative rates; and the mad scramble of an overstocked profession tempts too many of our young physicians and surgeons to go cap in hand to hospital governors, beseeching to be nominated to perform an amount of gratuitous duty which, if not fabulously described in the printed reports of our hospitals, is so vast as to require for its even tolerable performance almost superhuman physical powers, as well as the entire surrender of every other professional occupation. It is not remarkable that Lord Lyttleton, cognizant of these facts as the chairman of a rural board of poor-law guardians, and as a peer of Parliament, should think it kind to impose any amount of unpaid work upon 'medical officers and practitioners,' and believe that he is giving them that which they most ardently desire, because it is that which they are always most clamorously seeking to obtain. We must, however, for the sake of truth, declare that medical gratuitous services, like all other gratuitous services, are of comparatively small value. Parliament may, in the magnitude of its power and wisdom, decree that 'medical officers and practitioners' are to perform certain work 'without fee or reward;' they cannot, however, secure the efficient performance of that work, unless it be adequately paid for. Lord Lyttleton must be profoundly ignorant of human nature, and of the practical working of the present system of poor-law vaccination, if he fancy that such a clause as the following can supply any part of a machinery calculated to diminish the spread of smallpox. The following is an extract from the bill:—

"'That, in the event of a child becoming sick or indisposed in consequence of having been vaccinated as aforesaid, then, and in such case, it shall be the duty of the medical officer or practitioner who vaccinated the said child, to attend upon and prescribe for the said child during such sickness or indisposition, and to furnish it with such medicines as may be necessary for its recovery, without fee or reward other than is provided for by the above-mentioned act.'"

"The 'fee or reward' here referred to is the EIGHTEEN PENCE which at present 'the guardians of the poor' are legally obliged to give to their vaccinators for each successful case—the paltry amount of which sum, as any man of reflection must perceive, is in itself an explanation of much of the worthlessness of the existing system.

"Since the above was in type we have learned that this bill has become a law. The *Lancet* of Sept. 10, states: 'The Vaccination Extension Bill has become the law of the land. In spite of the earnest remonstrances of Mr. Brady, the only member of either House of Parliament who was known to have any practical knowledge of the subject—in spite of the expostulations of the Vaccination Committee, from whom the House of Commons had received all the important suggestions which had enabled them to amend the Bill in any degree—in spite of the assurances of Lord Lyttleton, that every attention should be paid to these suggestions, and of Lord Palmerston, that he would use his best influence in getting the measure postponed for another season—in spite of the representatives of the National Vaccine Board—of the universal medical press, which may be taken to be the voice of the profession—a Bill has been passed, as if in mockery and contempt of all professional science, of which the best thing that can be said is that it will probably be inefficient; we wish we could add, harmless and free from mischief.'"

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Comparotive Mortality in France, England, and Prussia.—In France, the annual mortality is 1 in 42; in England, 1 in 45; in Prussia, 1 in 38; in Austria, 1 in 33; in Russia, 1 in 28. In the latter country, the mortality to 100 000 living is 3590 annually; while that of 100,000 living in England is 2237. In most of the towns of Italy, the mortality is 3 or 4 per 100; at Naples, to 100,000 living, there are 4046 deaths annually. It is in England that, contrary to all expectation, the mortality is less than in all civilized states; and this, notwithstanding the high rate of mortality in her great manufacturing towns. It is the agricultural districts that produce for England this favourable result, as compared with other countries.—*L'Union Médicale.*

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Chloride of Barium for the Preservation of Animal Substances.—M. BLAUDET recommends the chloride of barium for injecting dead bodies, when it is desirable to retain their living appearance, because it hinders the putrefaction of the blood.

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Pruritus of the Genitals.—Dr. MAYER considers this one of the commonest affections to which women are subject. He considers that it may arise from self-abuse, from herpetic eruptions, from syphilis, from incipient scirrhus of the uterus, or from disease of the kidneys. In the last case, nitre, magnesia, soda, or lime-water, seem of use. Should metritis with profuse blennorrhœa be combined with the pruritus, leeches and aperient medicines are advisable. Very frequently, however, cases occur where no material affection is to be discovered; then borax, preparations of lead, mercury, or nitrate of silver, are employed in succession. In many instances, injections and lotions of creosote water removed the symptoms. More recently, Mayer has employed with success an ointment composed of chloroform, one part; fat, twenty parts.—*Verhandl. d Ges. f. Geburtsh.* VI. 1852. From *Med. Times & Gaz.* May 21, 1853.

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The Contagious Influence of Croup.—The son of a highly esteemed practitioner of Paris, M. Blache, has just met with an untimely death by closely watching a child suffering from croup, who was under his father's care. The little patient, aged nine years, had had very severe symptoms of suffocation, and M Blache had performed tracheotomy; the son, himself a very promising house surgeon to a Paris Hospital, was entrusted with the watching of the child at this critical period. The poor young man took the disease, and died in three days, the patient succumbing soon afterwards. The profession in Paris have expressed unfeigned sympathy for the bereaved father.

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CLINICS.

Statistical Report of the Principal Operations Performed in the London Hospitals during August, 1853.—The subjoined report comprises, it is believed, all the more important operations performed, during the month of August, at the following hospitals: University College, King's College, St. George's, St. Bartholomew's, Guy's, St. Thomas's, the Middlesex, the London, the Westminster, Charing-cross, St. Mary's, and the Metropolitan Free.

Lithotomy. — Number of cases, 5; of which 4 have recovered, and 1 is progressing favourably under treatment.

Lithotrity.—Number of cases, 1. The patient remains under care, and is suffering from cystitis. The case reported last month as under the care of Mr. Avery, in Charing-cross Hospital, has since been discharged, and there is reason to believe that no part of the calculus now remains in the bladder.

Herniotomy.—Number of cases, 11; recovered, 5; under treatment, 1; died, 7. In but one of these was the sac not opened. The patient was under the care of Mr. Cutler, in St. George's Hospital, and recovered well. In another, under the care of Mr. Paget, in St. Bartholomew's Hospital, the sac ruptured spontaneously just as the bowel was passing up; the patient is doing well. Of the unusual number of fatal cases, the majority are susceptible of easy explanation. One was an operation performed *in extremis*, on a man who had refused to submit to it when first proposed, and in whom there was, in fact, some doubt as to the existence of a stricture, as the protruded portion had been reduced several times. A second was an instance of umbilical hernia in the male. In a third, although at the operation the stricture had seemed freely divided, and the bowel was easily returned, yet at the autopsy it was discovered that strangulation had been still kept up by a band of membrane within the abdomen. Death occurred

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three days after the operation, and the symptoms of strangulation, which had previously existed for thirty-six hours, persisted through that time. In a fourth, strangulation had existed *six days* before the operation. In a fifth, the hernia was very large, and had been strangulated several days before the patient's admission. The *post-mortem* showed the intestines matted together with lymph, and gangrenous in several circumscribed patches. The two cases which we reported last week as remaining under treatment have since been discharged.

Ovariotomy.—This operation has been performed once in the Metropolitan Free Hospital, by Mr. G. Borlase Childs. The major incision was adopted, and a large multilocular and thick-walled cyst removed. It required to be separated from the great omentum, to which it had contracted adhesions, and a vessel in the latter which bled had to be ligatured. After the operation, the patient, a middle-aged woman, lived nine days, during which she suffered much from diarrhœa and sickness, and took very little food. The wound, with the exception of a small portion, had united by first intention. At the *post-mortem*, peritonitis was found only around the track of the ligatures; death appeared to have resulted from exhaustion. A case operated on at this hospital, a few months ago, by Mr. Childs (the lesser incision), recovered satisfactorily, and is now quite well.

Trephining the Skull.—Number of operations, 3; 2 of which were for compound fracture with depression, and 1 for abscess between the dura mater and skull. The patient, in the latter case, had been admitted on account of a scalp wound (bone exposed), which subsequently took on phagedænic action. Symptoms of compression ensued, and the trephine was accordingly resorted to. Death occurred two days after the operation, and five weeks after the original accident. In one of the cases of compound fracture with depression, the symptoms of compression did not show themselves till the second day, when the operation was at once performed. Death took place two days later. In the third case, the operation was performed by Mr. Poland on one of the sufferers from the late accident at the Sydenham Crystal Palace, who was admitted into Guy's Hospital in a state of insensibility, and with compound fracture of the skull and depression of the bone. The dura mater was not injured. The man recovered his consciousness soon after the operation, and has since proceeded without a single bad symptom. He may now be considered quite out of danger.

Ligature of Arteries, etc.—On a patient in King's College Hospital, who had received a stab in the forearm, probably wounding the ulnar and interosseous arteries, Mr. Partridge performed ligature of the brachial, on account of very profuse bleeding. The operation succeeded in every respect, and the patient recovered without any drawback. In St. Bartholomew's Hospital, Mr. Lloyd was obliged to perform ligature of the femoral artery for popliteal aneurism, in a case in which compression had been perseveringly tried, with, at first, much hope of success. Since the ligature, the man has done well. He is still in the hospital. The case of Mr. Le Gros Clarke's, with a similar history, which remained under treatment at the time of our last month's report, has since been discharged well. During the last month, there have been in St. George's Hospital one, and in Guy's Hospital two, cases of popliteal aneurism undergoing treatment by compression. The case in St. George's is under the care of Mr. Hewitt. The pulsations in the tumour have become much more feeble than they were at first, and the size of the whole is diminishing; pressure is still kept up, and with every prospect of a pleasing result. Both the Guy's cases are under the care of Mr. Hilton; one of them has left the hospital, the aneurism having become quite solid, and much contracted; the other remains under treatment.

Amputations.—Number of cases, 15; recovered, 1; under treatment, 13; died, 1. The case which has terminated fatally was an amputation in the upper third of the leg, on account of disease of the tarsal bones and ankle-joint. The patient was an old and irritable man, whose arteries were much diseased. Some difficulty was encountered in endeavouring to arrest the bleeding immediately after the operation, which was only accomplished by the assistance of an unusually large number of ligatures. Death took place on the sixth day, in consequence of secondary hemorrhage. The case which has recovered is one of amputation of the forearm for diseased carpus, performed by Mr. Pollock, in Saint

George's Hospital. Of the thirteen cases still under treatment, four are primary amputations, three of the forearm, and one of the arm; eight are operations performed on account of diseased joints; and one on account of a large ulcer left by a burn. Of the latter, two are amputations in the thigh, six in the leg, and one at the shoulder-joint. All the cases are progressing favourably. The details of the last may be found in the *Medical Times and Gazette* for Sept. 24. Exclusive of the above, six or seven primary amputations of considerable portions of the hand or foot have been performed; they are all recovering, or have recovered satisfactorily. Of the eight cases left under treatment by our last month's report, four have been discharged well, and the other four are proceeding satisfactorily.

Excision of Bones.—In St. Thomas's Hospital, Mr. Solly removed by operation the carious portions of the astragalus and os calcis from a diseased foot. In the Westminster Hospital, Mr. C. G. Guthrie removed two metacarpal bones, on account of strumous disease. Both these patients have progressed remarkably well, and, it is hoped, will save their respective limbs. Mr. Solly's patient is still in the hospital; Mr. Guthrie's has been sent into the country.

Removal of Necrosed Bone.—Number of cases, 10; recovered and discharged, 1. The nine remaining under treatment are all doing well. Of the eight cases under treatment at last report, three have since been discharged.

Excision of Malignant Growths.—Number of cases, 11. Of these, four have been for epithelial cancer of the lower lip, and three of the patients have been discharged well; in the fourth, the disease is already returning. One of these, in St. George's Hospital, under the care of Mr. Johnson, involved almost the entire lower lip, and required very free removal. The patient was an old man, and had, fortunately, lost all his front teeth, so that, with a little trouble, the edges of the incision were brought into apposition by means of harelip pins which, under other circumstances, would have been impossible. A very respectable lip was formed. Another case, under the care of Mr. Le Gros Clarke, in Saint Thomas's Hospital, differed from what is usual, in that the patient was a woman. She was advanced in life, and had for many years been accustomed to smoke her husband's pipe. Of the other cases, three were excisions of the female breast, on account of scirrhous cancer; two amputations of the penis; one the removal of a cancerous growth from the thigh; one the removal of a testis affected with medullary cancer; and, lastly, one, the excision of a growth of malignant character, but of very slow formation, from over the wrist-joint. All of these, excepting two, are still under treatment. One case of removal of the breast reported last month has since died; the others are all convalescent.

Excision of Non-malignant Tumours.—Number of cases, 17; cured, 6; under treatment, 11. Two of these were fibrous polypi of the uterus; one removed with the scissors by Mr. Wormald, from a patient in St. Bartholomew's Hospital; the other—an unusually large one—by Mr. Shaw, in the Middlesex Hospital. Of the six cases reported under treatment last month, four have been discharged cured.

Operations for Urethral Stricture.—Perineal section (Syme's) by Mr. Quain, in University College Hospital; the patient remains under treatment. Mr. Simon's patient in St. Thomas's Hospital, alluded to last month, is still under treatment.

Paracentesis Thoracis.—In a case under the care of Dr. Chambers, in St. Mary's Hospital, of pneumothorax and secondary empyema, probably from the opening of a phthisical vomica into the pleural sac, the operation of puncturing the affected chest was performed at two distinct places by Mr. Coulson. The condition requiring it was one of great difficulty of breathing, from the compression of the left lung by the air and fluid, which distended the right pleural sac. From the first opening, which was low down on the side, only thin pus escaped; from the second, which was higher up and in front, a copious stream of air rushed out. The patient—an Irish lad of about 14—has been considerably relieved by the measures adopted; he is still in the hospital. Dr. Bennett's patient, in St. Thomas's Hospital, on whom this operation had been twice performed at the date of our last report, continues under care. The lung has considerably expanded, though the chest yet remains three parts full of fluid. The opening was closed immediately after the puncture, and the operation has not been again repeated.

Paracentesis Abdominis has been performed fifteen times; once for a very large hydatid cyst; six times on account of ovarian dropsy; and eight times for ascites. One of the latter died of peritonitis three weeks afterwards; but, as he had been without any symptom of that affection during the first fortnight, there did not appear any reason for connecting it with the operation; from all the others, the patients recovered without ill consequence. The case of hydatid cyst was under the charge of Mr. Holthouse, in the Westminster Hospital. The tumour was situated in the right hypochondrium, and, the trocar opening having been enlarged, several pints of fluid were evacuated, containing great numbers of hydatids. The man has been made an outpatient, and is now convalescent.

Ligature of Nævus.—The case left by last report is still under treatment. No others have been performed.

Radical Treatment of Hydrocele.—Number of cases, 5; 4 of which are well, and 1 is still under treatment. One of the successful cases was treated by Mr. Statham, in University College Hospital, by means of the seton. A case mentioned last month as still under care has since left the hospital for a time, the treatment pursued (injection of port wine) having failed to effect the obliteration of the sac.

Tracheotomy.—This operation has been performed three times; in each case for the relief of extreme dyspnœa, consequent on syphilitic laryngitis. All the patients are convalescent, but two of them are as yet obliged to retain the canula. In the third, however, the wound has healed. (For details respecting two of these cases, see *Medical Times and Gazette* for Sept. 10)

Tenotomy.—Division of the tendo achillis for talipes equinus, by Mr. Solly, in St. Thomas's Hospital. The patient's deformity has been cured.

Operation for Fistula in Ano.—Seven cases have been operated on; all have recovered. Of the three cases remaining by last report, two are now well, and one is still under treatment.

Puncture of Bladder.—One, by Mr. Coulson, in St. Mary's Hospital. See *Medical Times and Gazette*, for Sept. 3, p. 244.

Operation for the Cure of Ununited Fracture.—In a case now in St. Bartholomew's Hospital of ununited fracture of both bones of the forearm in a healthy woman, Mr. Paget has made trial of setons introduced between the ends of the bones. They were withdrawn on the ninth day, and did not occasion any excess of inflammation or other ill consequence. It is too early yet to know whether union is in progress; the arm is kept strictly at rest on a splint.

Neurotomy for the Relief of Neuralgia.—In a case of severe neuralgia, now in King's College Hospital, Mr. Fergusson has divided the mental branch of the inferior dental nerve. A similar proceeding had, on two previous occasions, given relief to the pain for several months.

Plastic Operations. — *Harelip.* — One case by Mr. Paget, in St. Bartholomew's Hospital, still under treatment. *Staphyloraphy.*—Four cases, one of which, in a lad of 14, has failed from sloughing; the other three have been successful. The operators on the three latter were Messrs. Fergusson, Lloyd, and Avery. *Vesico-vaginal Fistula.*—Two cases; one by Mr. Pollock, in St. George's, and one by Mr. Baker Brown, in St. Mary's Hospital. Both cases remain under treatment. A transplanting operation for the closure of a large opening into one side of the nose, left by ulceration, has been performed by Mr. Erichsen, in University College Hospital, and is still under treatment. Another transplanting of skin has been performed by Mr. Fergusson, in King's College Hospital, for the relief of a deformity produced by the contracted cicatrix of a burn; and it, together with a similar one by Mr. Hilton, in Guy's Hospital, mentioned in our last report, still remains under treatment.

Extraction of Cataract has been performed three times with success; once by Mr. Wharton Jones, in University College Hospital, and by Messrs. Tatum and Johnson, in St. George's. Mr. Johnson's patient was a woman of upwards of seventy. The case mentioned last month as remaining under care has been discharged well.

Operation for Artificial Pupil.—One by Mr. C. G. Guthrie, in the Westminster Hospital, still under treatment. The pupillary margin of the iris was drawn outwards and downwards, and left adherent to the wound.—*Med. Times and Gaz.*, October 1, 1853.

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History of the Recent Epidemic of Infantile Leucorrhœa, with an Account of Five Cases of alleged Felonious Assaults recently tried in Dublin. By WILLIAM R. WILDE, F. R. C. S., Surgeon to St. Mark's Hospital.

(Continued from p. 158.)

I now come to the medical portion of the testimony, as well as to the details of the part which I myself, and so many of the profession here, took in the subsequent history of these two cases. Having heard, early in the morning, of the man's arrest, and the crime of which he was accused, I wrote to Mr. Fitzgerald, the eminent solicitor, to request his attendance, and, proceeding to the police-office with a county magistrate, who happened to breakfast with me, I learned the particulars of the charge, and that Dr. Ireland, the medical officer of the police, and the authority always consulted in such instances, was sent for to examine the children, and had appointed twelve o'clock for that purpose. I then made an application to Mr. Bourke, the presiding magistrate, to be present at that examination, a request to which he at once politely acceded, at the same time remarking that he believed the prisoners had a right to the benefit of a medical man upon such occasions. I next proceeded to that portion of the office where the children were in charge, and delivered the magistrate's order to the superintendent of police, who, through the medium of a Sergeant Fitzpatrick, subsequently delivered it to the medical officer. I did not hold any communication with the prisoner, nor see him, until he was brought to the bar during the subsequent investigation; but I returned at the appointed time, and remained with the magistrate until the medical officer had arrived, about an hour afterwards. He informed me that he had received the message, but could not think of letting me be present, as he "was a public officer, and had a public duty to perform;" but that I might make my mind easy, as both the children had a most profuse purulent discharge from the genitals, that the man was perfectly free from any disease whatever, and that he was "under the impression that the magistrate would adjudicate summarily upon the case;" with all of which I acquainted the prisoner's solicitor. The medical officer, in his examination before the magistrate, said he could not say whether the disease was gonorrhœa or not, but he subsequently swore that, although purulent discharges, redness, swellings, and excoriations, such as those children presented, might be occasionally the result of dirt, or "riding upon a stick;" and notwithstanding that there was "no laceration whatever," and "no appearance of an attempt at penetration," yet that such appearances might also be "*the result of violence;*" upon which the magistrate at once said, that he would take the informations, send the case for trial, and commit the man to prison, whom the medical examiner also swore to be perfectly free from gonorrhœa or any venereal disease; nor did he even appear, after the most careful examination, to have ever had any affection of that nature.* The prisoner was then removed. Shocked and distressed at the result of the investigation, I then left the office without offering bail for the prisoner, who was sent to prison. On conferring with the solicitor, he told me that, from all he could then learn, he did not believe the man to be guilty; but that, at all events, the circumstance of both children swearing to the commission of the act upon the self-same day and hour, without either having seen the other, would acquit him. The solicitor took notes of the examination; so also did the police clerk, in order to save trouble in subsequently drawing up the children's informations. Fortunately for the cause of truth and science, the medical officer, contrary to his usual habit, swore an information in both cases, of which the following is an extract: "There is a discharge of purulent matter, which may have been caused by some violence applied, or might have arisen from want of cleanliness, or from riding on a stick. There has not been any penetration of the vagina. Could not say whether the discharge is gonorrhœa or not. That there is some excoriation which is confined to the exterior parts of the private parts, but no laceration." The testimony was almost in the same words in both cases.

* I do not know what the usual form of examination of a man accused of this crime may be in England; but I believe the rule is, in all cases, to desire a prisoner "not to say anything which might criminate himself, or might afterwards be used against him." Upon the prisoner Kane being brought before the medical officer of the police, and after the inspection was instituted, he was asked by the physician, "When did you get this little running?" to which the man indignantly replied, "I beg your pardon, sir; I have not had any running."

Much dissatisfied with the police investigation, and believing that the whole was a trumped-up story, especially as I was excluded from the medical examination, I immediately after called on Dr. Geoghegan, Professor of Medical Jurisprudence, and requested him to see the children; and I also waited on Dr. Ireland, as a matter of professional etiquette, and told him of my desire to see the children, along with Dr. Geoghegan and himself; and subsequently an appointment to that effect was made for three o'clock next day. As soon as I saw the children, and recognized the disease under which they laboured, I at once saw the mistake that had been committed; and, subsequently confirmed in my opinion by Dr. Geoghegan, I determined to offer bail for the accused (which was required to a large amount), and to defend him to the utmost of my power. The child Cosgrave appeared to be much out of health, and had recently lost a portion of the nail of one of her fingers from whitlow, which, she said, had caused her "great pain." This trivial fact is of great importance, as will appear in the sequel.

My next step was to request of Mr. Cusack, Dr. Churchill, and Dr. Hatchell, to examine the children. I chose these three persons on account of their peculiar positions in the profession—a professor of surgery to the university; a lecturer and distinguished writer upon the diseases of children; and the medical officer to the constabulary (not the metropolitan police). I procured copies of the informations from the magistrates; from the same source I obtained the services of a police constable to conduct the medical men to the residences of the children, and, having given bail for the prisoner, I took him out of prison. Placing the five informations which were sworn in the hands of these gentlemen, and committing them to the guidance of the police officer appointed by the magistrate, I sent them to examine the children; and I also submitted for their inspection the accused, about three o'clock upon the Monday after the Saturday upon which the case was investigated at the police office. In the course of the evening, I addressed a series of questions, twelve in number, to each of the four medical men who had examined the children and the accused, with respect to the diseased state in which they found the children—as to whether such could have been the result of violence or mechanical irritation—whether the assault could have been committed at the time specified, without producing so much pain and soreness as not to attract the attention of friends—whether the vaginal discharge and excoriation which these children presented, could have arisen from attempts at violation, etc.; and also as to the state of the accused, etc. It is unnecessary here to go into the minutiæ of these questions, or the answers returned, which, together with two shorthand writers' notes of the trial, I intend to publish hereafter. Suffice it to say, that the answers of these four eminent authorities completely exonerated the accused, and showed, as far as medical evidence could show, that the crime had never been committed, and that the whole was a misconception arising out of the popular delusion so graphically detailed by Cooper nearly forty years ago.

A few days after, I waited upon the attorney-general, with a written statement of what I conceived to be the facts of the case—describing the popular delusion; giving a verbatim copy of the medical men's opinions; referring him to the various medical and medico-legal opinions upon the subject; and finally giving him the minutiæ and circumstantial details of an *alibi*, showing that the accused was not at the place specified for four hours before nor three hours after the date assigned for the commission of the crime. He told me that he had ordered the case for trial, possessed the most "corroborative proofs" of the children's statements, and could not possibly receive anything offered in the prisoner's defence. I endeavoured to argue the case, and show him that the crime had not been committed, and that the whole was a popular prejudice founded in ignorance and superstition, and put to him several cases in which it would, I thought, be his duty, as a public prosecutor, to quash the proceedings; but these he said he could not, in the present instance, possibly entertain, and added that it would not look well to give up the trial of a "doctor's servant" because other medical men came forward in his behalf. I therefore took my leave, assuring my friend, the attorney general, that I would certainly defeat him at the prosecution; as, being fully assured not only of the man's

innocence, but of the non-committal of the crime, I was determined to defend the prisoner to the utmost of my power.

The grand jury found bills of indictment in both cases, and a day was fixed for the trial.

Two very eminent lawyers, whom I waited upon, refused to undertake the case: it was a nasty one; and crimes of that nature were not easily defended, etc.

Powerful advocates, well acquainted with such cases, were, however, obtained. A day was fixed for the three trials, one of which, that of Barber, has been already detailed; and Professors Cusack, Beatty, and Geoghegan, and Drs. Churchill, Hatchell, and Hughes, generously came forward, at considerable inconvenience, to bear testimony upon the subject at issue. The prisoner was given in charge for the full crime of rape, viz, that of carnally knowing and abusing a child under ten years of age; and it was evident, from the array of queen's counsel, that the crown were bent upon attaining a conviction, in order, if possible, to put down that offence, which, from the number of cases which presented, appeared to be epidemic in the city, and in which they had already been foiled in the instance of Tracy. The Lord Chief Justice of the Queen's Bench (Lefroy), and the Chief Justice of the Common Pleas (Monaghan), presided. I procured the attendance of two special reporters from the newspaper offices, whose notes of the trial will appear in due course.

The Honourable Mr. Plunkett stated the case with exceeding moderation, remarking upon the previous exceedingly good character of the man, and saying, most justly, that the principal question which would arise was entirely a medical one, being as to the nature and cause of the appearances which the child Cosgrave, the first case called on, presented. The prosecutrix, nine and a half years old, who was an admirable witness, went through the recital already mentioned, and entered very minutely into her reasons for knowing the precise hour, such as looking at the clock upon her return home, and, in order to make sure, asking her mother what o'clock it was, etc.; stated that she walked over to her sister's, at a distant part of the city, shortly after the crime was committed; that the difficulty of making water, soreness, and discharge commenced the day after the committal of the offence; denied that she hesitated for a moment telling her mother about the cause, but acknowledged that it was her mother first asked her about the prisoner Kane. The mother and an elder daughter were examined; they, however, contradicted themselves and the child in many particulars, but were quite agreed in fixing the same day and hour as that stated by the child, and gave special reasons for their remembering them. The mother said the child came home to her "crying," at the time when the offence is alleged to have been committed; but acknowledged that she asked her was it her finger (then affected with severe whitlow, and from which she lost her nail, which was paining her, and she said it was. This crying was one of the "corroborative proofs" relied on by the crown. Dr. Ireland, the medical officer of the police, described the state of disease the children were in, and said: "I do not think a man's private parts could enter the vagina of this child; but the penis might go between the labia, which were the parts diseased. I cannot say what the nature of the disease was. It might have been produced by external irritation. The irritation produced by a man's penis might, I think, produce it." And again, to the court: "I am of opinion that the discharge may have been produced by friction with the penis of a healthy man." This seemed to be, at that period of the case, the turning point of the evidence for the crown. Mr. Curren then commenced to read the opinion of Sir Astley Cooper, to which I have already referred, but was stopped by the lord chief justice, who said that "it was not law nor evidence, but only a medical man's opinion." The witness, however, upon being referred to the extract, said: "I perfectly concur in everything stated by Sir Astley Cooper; but, in the present case, I have formed my opinion without reference to the views of any other surgeon." Professor Harrison was in court to watch the proceedings. He had been sent by the crown to examine the children; but, having done so, he reported to the authorities that he could find nothing to warrant the conclusion that any violence had been attempted. Had the case for the crown not broken down, he would have been examined on behalf of the prisoner.

It is unnecessary here to describe the speeches of counsel, which were in their way admirable, and well calculated "to get

off" a prisoner. I had, however, in common with my professional brethren who were present, a much higher object in view: that of explaining to the court and the public the delusion under which the whole case was got up, and of showing that the crime had not been committed. It was manifest, however, throughout, that the court was rather against the prisoner, and that the crown counsel earnestly sought a conviction.

The first witness examined for the defence was Mr. Cusack; that portion of his testimony which particularly bears upon the case is as follows: "I examined the two children (Cosgrave, the prosecutrix, and Delmere); both were affected with the same complaint. They were filthy, and had a discharge from the pudendum. There was a crust surrounding the parts upon the true skin, which arose from the deposits from the discharge. This child had not the slightest mark of violence; and it was simply a case of a disease which all medical men have met with, and which is very common among children who are strumous, or badly cared, or who have been in contact with each other. It is usually found in low life, but sometimes it is found in the better walks of life, where children have suffered from other complaints tending to weaken the constitution; and, I confess, I was horror-stricken at the time to hear that the prisoner at the bar was accused of such a crime. I was as convinced as I am of my existence, that there was no violence offered or attempted upon this child, and that this was a common disease which is universally known to the profession. I conversed with Sir Astley Cooper on this very subject, and I entirely concur with what appears in his lectures, that numbers have suffered unjustly from such charges as the present, being fabricated by the mothers of children." This evidence, which was given in a very decided and energetic manner, seemed to produce a considerable sensation in court; on which the lord chief justice and the crown counsel cross-examined the witness to a considerable extent, in order to show that, although there were no marks of violence, "a penetration between the labia, accompanied with force, but not sufficient to do any injury to the surface," might have occurred. In answer to this mode of putting the question, the witness said: "If the penis was brought into contact with the parts, and a discharge ensued in consequence, it would certainly be a species of violence; but, in the present case, there was nothing to show me that any friction had taken place externally, or that any attempt had been made to do anything wrong. I am confident that the discharge was not, in any respect, the consequence of friction from the penis of any man. If there is violence, it would cause pain, but I could find not a trace of violence upon this child." One would have thought that this evidence might have induced the crown to give up the case; but the lawyers only took it up the more determinedly, and, seeing that disease from natural causes was established, changed their hand, and endeavoured to prove, by the subsequent witnesses, that, acknowledging the child was in the diseased state described at the time the crime was committed, still penetration between the labia, without what might be styled violence, but as a simple application of the parts, might have taken place; as the chief justice described it, the introduction of the parts without force, and even to the "hundredth part of an inch."

Prof. Geoghegan swore with regard to the state of uncleanliness in which he found the child, and said she had "a chronic disease of, I should say, several weeks' standing. In my opinion, it was not possible that the disease could be of one week's standing, and I am further of opinion that the disease could not have resulted from violence of any undiseased man. Had the assemblage of appearances I witnessed resulted from violence on the part of an undiseased man, there would have been other signs of violence present, which were not visible in this case. If violence had been committed upon this child by a man lying on her upon the hay, so as to hurt her in that way, I think she would not be able to walk over to Ship Street in the evening and home again the next morning." The crown pressed this witness also upon the subject of the friction alluded to by Dr. Ireland. His answer was: "In my opinion, violent friction by a man against the private parts of a child could not have possibly produced the disease I saw, because—first, it was of long standing—and, second, if there had been sufficient violence to produce such a copious discharge, it would have produced other signs that were not present in this instance." Mr. Corballis,

Q. C., then put the following question, which evidently threw overboard all the previous medical testimony, and is one upon which the most serious consequences may hereafter hinge: "Is it possible that, supposing the child to have had this disease at the time of the alleged offence, a man might, on the 15th of July, have introduced the extremity of the penis between the labia and no further?" Dr. Geoghegan said: "It is; but, if such an attempt were made, considering the great disparity of the parts of the man and child, I think it could not be done without a certain degree of laceration."

Dr. Churchill was next examined, who gave similar testimony to the foregoing with respect to there not being the slightest evidence of violence, and that the disease was ordinary infantile leucorrhœa. He was cross examined at considerable length, in order to elicit an admission of the point on which the crown then relied—that "slight penetration, without giving pain," might, notwithstanding the state in which the children were, have taken place. His answer was: "I think penetration in a child so young, and where the organs are so disproportionate, would give pain." Each of these three medical men also deposed as to the healthy state of the prisoner, whom they had minutely examined.

The counsel for the defence now said, they saw clearly that, notwithstanding the high medical evidence which was brought forward, the crown were determined upon a conviction, that the court were with them, and that, if the jury brought in a verdict of guilty, the man would certainly be transported; that there was no use in offering more medical testimony, and that nothing but the *alibi*, to which I have already alluded, could possibly save him. It was therefore thought advisable not to produce any more medical witnesses, but to have recourse to the *alibi*, which was not brought forward in the first instance for two reasons: first, because it would be necessary to produce in court a lady whom the prisoner was driving through the town at the time of the alleged offence, and for more than two hours afterwards; and, secondly, because I myself, and a large body of the profession here, were most anxious to have a full medical inquiry into the case, in order to show what the disease really was which had been mistaken by the infatuated mothers for the result of violence; and also to show that no crime had been committed. Fortunately, the court retired for a short space, and time was thus allowed for sending for the lady who was the principal witness for the *alibi*. Regarding this portion of the defence, it will be enough to say that it was satisfactorily proved that from half-past nine in the morning until half past three in the afternoon of the day upon which the crime was said to have been committed (between twelve and one o'clock), the prisoner was engaged driving, and never returned to his stables. The crown, thus foiled, endeavoured to break down the *alibi* by a lengthened cross-examination, but ineffectually, as, by a very remarkable concatenation of circumstances, the usual time for the man's return to the stables was interrupted upon this particular day, and he was, upon the whole, nearly seven hours without returning to the stables. A child might possibly mistake or forget the day, but the mother and sister had fixed the precise date with such certainty as to leave no loophole for escape upon this point.

Upon seeing the turn the *alibi* took, the lord chief justice rather testily said to Mr. Rolleston, one of the prisoner's counsel, "Why didn't you give us the *alibi* first, instead of treating us to a medical dissertation?" He very properly answered, that he did not like to produce a lady in court, and that he thought the medical evidence would have been quite sufficient. The court then appealed to the crown counsel as to whether they could possibly go on with the case after the *alibi*. The case was then given up, and an issue having been handed to the jury in both cases, that of Cosgrave, just related, and also the child Delmere, the jury, by direction of his lordship, acquitted the prisoner.

Now, with regard to the case of the child Delmere, to which I have already alluded at page 157, and who swore before the magistrate to the committal of the crime upon the 15th July, at one o'clock, the same day and hour upon which the child Cosgrave said she had been violated—upon procuring copies of the informations two days after they were sworn, I was much astonished to find that the date of the offence in this case was three days different from that sworn to in the first instance, in the *viva voce* testimony. I immediately applied to the magistrate for an explanation of the circumstance. He

informed me, that he had himself observed the peculiarity of the different date being in the informations which were read over to the child when she came to swear them (after the prisoner had been removed, and the solicitor and myself had left the office), to that which she swore to originally; but that he passed no remark thereon. The clerk who took down the evidence said he had destroyed his notes. Both the magistrate and clerk were subpœnaed to the Commission, and would have been examined as to the circumstance, had the crown not given up the case. Both children being tutored, as I believe, into the recital of the same story, they naturally stated that the crime occurred upon the selfsame day and hour, a circumstance which must have attracted the attention of the person who subsequently prepared the information at the police-office, and who must evidently have seen that such an incongruity would have tended to the acquittal of the prisoner.

It is unnecessary to enter into the details of the five other cases of vaginal discharge in young children, to which I have already alluded. In the cases at the Pitt Street Dispensary, the symptoms were somewhat similar to those which formed the subject of the late trial, but the mothers being of a decenter class, and keeping their children cleaner, the extent of disease was not so great. The ages of the children were four and seven years. In that aged four, the mother entertained the same cruel suspicions, until assured by Dr. Croker of the nature of the affection. In the former case the disease was discovered on the 28th June, and in the latter the 15th of July, the date assigned to the two last cases of violation. The last case which I have heard of occurred about ten days ago. An intelligent woman, residing in a garret in Golden-lane, one of the most unhealthy localities in the city of Dublin, discovered a vaginal discharge in one of her children—a girl between four and five years of age. Greatly distressed at the circumstance, she informed her husband, who most properly desired her not to mention it to any of her neighbours, but to take the child to a doctor. She brought it to Mr. Dwyer, of Camden street, and, in great anxiety, stated her fears as to the nature of the discharge her child had got. Upon his offering, however—to use his own expression—"to take his oath" to her that the disease the child had was nothing wrong, she was perfectly satisfied, and is now most grateful. I saw the child with Mr. Dwyer about a week ago (August 10). It was delicate and puny-looking; there was some swelling and considerable redness of the labiæ and external parts, from which, as well as from the vagina, there was a considerable yellowish discharge; but, as the child was kept exceedingly clean, there was very little excoriation or eczematous rash. Mr. Dwyer was well acquainted with the affection, not only from the description given by Cooper, but from his having had a similar case about eighteen months ago, the particulars of which he has given me, and in which, upon the discovery of the discharge by the mother, she brought an accusation against a man who lodged in the same house, and upon whose knee she saw the child sitting some time before. In Dr. M'Clintock's cases, which both occurred in the early part of July, one child was aged three and a half, and the other four and a half years.

Mr. Hughes, one of those medical men who appeared on behalf of the prisoner at the Commission, had a case of the nature of the foregoing some time ago. The following is his letter to me upon hearing of the accusation brought against Kane:—

"A woman brought a daughter of hers, a child apparently under seven years of age, to Jervis-street Hospital, stating that she wished to have the girl examined by the surgeon on duty, as she was afraid that the child had been recently abused by a married man, a fellow-lodger of hers. I consequently examined the child, and found her labouring under inflammation of the vagina, accompanied by a profuse mucopurulent discharge. There were, however, no marks of violence on any part of the person of the child; and, after a most careful examination of the person of the accused, no trace of disease could be detected on him. The case was investigated at Henry-street Police-office, by Mr. O'Callaghan; and, as I looked on the case as one of simple vaginal inflammation, which all metropolitan surgeons not unfrequently meet with among the children of the lower classes of society—the result, in some cases, of extreme uncleanliness; in others, of neglect of the bowels, irritation from the presence of intestinal worms, dental irritation, etc. etc.—the magistrate veryp roperly dismissed

the case. I find it a very difficult matter to make the mothers of children so affected believe that the little patients have not been violated."

Dr. Beatty, in the article "Rape," in the *Cyclopædia of Practical Medicine*, says that "in the year 1831 a man was arrested in the city of Dublin, on a charge of rape committed on a child, the only evidence of which was the presence of a purulent discharge from the pudendum. Popular opinion, as is usual in such cases, ran high against him, and it was only through the positive opinion of an intelligent surgeon that the case was explained, and the man liberated. A case of a somewhat similar nature lately came under the observation of the writer. A lady and gentleman came to his house one evening, in a state of great alarm and excitement, accompanied by their child, a girl of four years old, whom they stated to be affected with a terrible disorder, communicated to her by some person in their employment. They had previously shown the child to an apothecary, who confirmed their worst apprehensions, and at once declared that the girl had got a clap. On examination, the parts were found in a state resembling that just described, with a free purulent discharge; and it was with no small degree of pleasure that the writer was able to console the parents by assuring them that their child was labouring under no uncommon affection, and that a few days would set all to rights. It has rarely fallen to his lot to witness a more sudden transition from grief to joy than this announcement effected." Such will, I am sure, be the feelings of every humane man—such I believe to be the bounden duty of every educated and benevolent practitioner who meets such cases—no matter whether employed by the police, performing the office of a surgeon or physician to a public institution, or consulted in private. Such explanation should be given in mercy towards the infatuated parents, and the threatened, in some cases the tutored child, as well as in justice towards the accused, and also for the credit of the morals and religion, as well as the honour of the country.

The last notable case of this description, which occurred in Dublin, until the date of the present epidemic, was more upon the type of Cooper's, or in accordance with his description, than any I have read of for some time. A soldier, of the 7th Dragoons, named Fitten, was on guard at Kilmainham Hospital on Friday, the 15th August, 1851. Two little girls, daughters of a pensioner, named Fitzpatrick, one aged 6½, and the other about a year older, were remarked playing with him during the course of the day. In the evening he was seen sitting with the children upon a bench, and subsequently with the younger child on his lap. Upon the Tuesday following, the younger child complained to her elder sister of having a discharge. The mother was in the habit of changing the children's linen twice a week—on Sundays and Wednesdays. On Wednesday she remarked the young child's linen soiled with a yellowish discharge, which she found proceeded from the genitals. She at once asked the child who had been with her, particularly upon whose lap she had lately sat. Fitten, the soldier, whom both mother and sister had seen her with upon the Friday evening, was named, and the usual course of interrogating (as subsequently appeared on the trial) was gone through. The woman rushed with her child to the nearest medical practitioner; he confirmed her suspicions by telling her the child had gonorrhœa. The mother and child proceeded at once "from the doctor's shop" to the police-office, and made their complaint; the soldier was arrested; four or five informations—which I have examined—were sworn by the child as to the fact; by the mother, as to the discovery of the child's state; by the sister and two soldiers, as corroborative evidences of the child being seen with the soldier at the time and place specified; and by the medical man, as to his having examined the child, and found her private parts in a state of great inflammation, and with a discharge "very much resembling gonorrhœa." The man was committed to prison. He was examined, and found perfectly free from either gonorrhœa or syphilis. The case was tried before the Chief Baron at the October Commission, 1851. From the amount of corroborative evidence, it was believed there would be a conviction; and, as the man did not bear a very good character in his regiment, there was but little sympathy for him. Mr. Coffey was retained to defend the prisoner. He informs me that—as I have already mentioned in a previous part of this communication, as a peculiarity in such cases—he at first felt some hesitation in undertaking the defence of such a case,

especially as, from a perusal of the informations, he thought the prisoner guilty. A medical friend, however, drawing his attention to Cooper's description, he at once saw the similitude, and, acting upon the suggestions therein contained, finally succeeded in having the man acquitted. The child swore that the act was committed while she was sitting on the soldier's lap, with his cloak around her. In the cross-examination of the corroborative evidence of the soldiers, it appeared that the sentry—an armed man—was walking up and down within a few yards of them the whole time, and must have heard the child cry if any force had been employed. Mr. Coffey also took the precaution of examining the place where the offence was alleged to have been committed, and directed a surveyor's measurement of the ground to be made. The result was curious, showing that the crime, if committed at all, must have occurred within ten feet of the sentry-box, and within view of a guardhouse, which was but thirty feet from where the prisoner sat with the child in his lap. The medical man, in his examination, differed from what he swore in his informations, and then stated that the appearance which he observed, the swelling, discharge, etc., "might be the result of violence." This difference, in his opinion, somewhat like what occurred at the late commission, weakened his testimony in the minds of the jury, particularly as he admitted, on cross-examination, that he had treated the child for several days for gonorrhœa. The prisoner's counsel read the statement of Cooper. The surgeon of the regiment bore testimony to the healthy condition of the man, not only at the time of his arrest, but immediately before the date of the offence, as, being a soldier, he had inspected him weekly. He also bore testimony to the nature of the disease with which children are sometimes affected, and stated that he had met several instances of the kind described by Cooper. The Chief Baron, in charging the jury, said it would be a very happy thing for all parties concerned, if the jury could, after the evidence, come to the opinion that the crime had not been committed, and that the whole was a mistake. The prisoner was acquitted. The case excited much interest, but, owing to the nature of the examination, did not appear in the newspaper reports. The foregoing statement, however, which I received from several of the parties concerned, as well as an examination of the informations, may be relied upon. It was made a subject of strong observation to the jury, by the prisoner's counsel, that, had the unfortunate soldier been affected with disease, he undoubtedly would be convicted upon the medical testimony, although the man was undoubtedly innocent.

Sir Astley Cooper says that he had met thirty such cases in the course of his life, and concludes his observations by saying: "I am anxious that this complaint should be known by every one present, and that the remarks which I have made should be circulated throughout the kingdom." In the celebrated case recorded in the early editions of *Percival's Medical Ethics*, and which occurred in Manchester, in 1791, the child absolutely died of the disease, and a verdict of murder was returned by the coroner's inquest, against a boy, from the suspicion that violence had been offered. "Not many weeks elapsed, however, before several similar cases occurred in which there was no reason to suspect that external violence had been offered; and some in which it was absolutely certain that no such injury could have taken place."* Now, this is exactly what recently occurred in Dublin. First comes the case of Geoghegan against Tracy, tried before the Recorder at the beginning of summer. Not many weeks elapsed, however, before eight similar cases occurred, in five of which suspicions and accusations arose; and in three of which the crown prosecuted at the late commission, although offered satisfactory proofs of the non-committal of the offence, or what perhaps lawyers think of more consequence, proofs of the impossibility of finding the prisoners guilty. Before disposing of the celebrated Manchester case, it is but due to the memory of Mr. Ward, the surgeon who first examined the girl, to say that, before the trial came on, he being convinced that he was under a mistake, most properly came forward and stated so. And "the judge informed the jury that the evidence adduced was not sufficient to convict; and that it would give rise to much indelicate discussion if they proceeded with the trial." It was accordingly abandoned.—*Med. Times and Gaz.* Oct. 8, 1853.

* See Beck's Medical Jurisprudence.

[To be Continued.]

SKETCHES AND ILLUSTRATIONS OF MEDICAL QUACKERY.

Proposed Society for the Suppression of Fraudulent and Obscene Advertisements — In our preceding No., p. 158, we inserted an article, copied from the *Association Medical Journal*, calling attention to the powerful support which quackery received from the press, especially from newspapers and religious periodicals.

In a subsequent No. of the *Association Medical Journal*, the editor states that, since the publication of his article referred to, "We have been in correspondence, upon the subject of the suppression of fraudulent and obscene advertisements, with many influential persons; and the conclusion generally arrived at has been, that this object might be accomplished to a great extent by a judiciously managed society; but that, without the organization of such a body, little fruit could be expected from the isolated efforts of respectable editors and others. We expect very soon to be able to announce the actual establishment of this society—a society with which we shall always be rejoiced to co-operate, in endeavouring to redeem the better part of the periodical press from its present degraded position of hireling servitude to medical swindlers and obscene advertisers. The literature of Holywell Street, and the pseudo medical papers, may be found to require special treatment.

"If the attack on quackery in the fourth estate be wisely directed and well sustained, it cannot fail to be crowned with success. There are a few, we know, ready to maintain, that so essential is the money of the quacks to the very existence of most of the provincial newspapers, such an attempt as that proposed can only be regarded as a well-meant but hopeless crusade. A pretty extensive inquiry into the state of public feeling leads us to adopt a more cheering view of the case. We feel assured that there is an enormous power, slumbering at present, but quite ready, upon a proper signal being given, to march forward in united phalanx, and drive forth the quacks from their 'strongholds in the fourth estate,' which at present seem almost impregnable. The reformation required is fortunately keenly desired not only by the medical profession, but by large numbers of the nobility, clergy, and gentry. The preliminary organization must be extensive and careful; and the movement, when once commenced, must be ever onward, with unflinching hand and unfaltering step; but, if these conditions be complied with, victory is certain.

"As some encouragement to deal faithfully and firmly with offenders in the fourth estate, let us recall attention to our former remarks upon the appearance of quack advertisements in periodicals aspiring to be considered the champions of religion. We particularly complain of the strange inconsistency of the *Edinburgh Christian Magazine*, which, in its number for April last, denounced quackery as a practical 'denial of the wisdom of God's arrangements in the world,' and yet sold a place upon its wrapper to the *soi-disant* Professor Holloway, for his 'extraordinary cures.' The publishers, to their honour be it proclaimed, have for the future resolved to keep their advertising columns free from Holloway's swindling notices; and we have no doubt that many other proprietors of papers which seek to be called religious and Christian, could be induced, by means of suitable representations, to make their conduct harmonize with their professions."

So long as the conductors of the periodical press are so weak or venal as to give their support to quacks, it will be utterly impossible to abate the evils of quackery. A society which shall exert its influence in redeeming the press from the evil influences by which it is now controlled, might be productive of the greatest good, and we should be rejoiced to see a society established in this country with such an object.

—

Quackery in Great Britain.—Surely the quacks thrive apace, and apparently are permitted to exist undisturbed and unmolested. In the United Kingdom alone *many thousands of persons* at this moment are attempting to gain a livelihood in the profession *without the possession of any legal qualifications whatsoever.* In every city, in every town, in every hamlet of the empire are medical men day after day thus wantonly insulted, their feelings outraged, and their intelligence ignored. A premium seems offered to rank knavery, and a prize proffered to ignorant cunning. Are people about to retrograde to the dark ages? or are stolid impudence and unabashed worthlessness to be the qualities most admired in the present day? Are educated men—persons endowed with talent and refine-

ment—to succumb before insolent and pitiful impostors—to give way to individuals who can be designated by no title but that of *scoundrel*, and lay claim to no position save that of *quack?*

It is high time that this subject should be thoroughly considered and openly discussed in all its bearings. There is every reason to believe that homœopathists, allopathists, mesmerists, mountebanks, extortioners, *et id genus omne*, are at present increasing in numbers, and the public, singularly deficient in this matter in judgment and discrimination, are preyed upon on all sides, and cheated and plundered to an alarming extent. Indeed, upon all subjects of a medical nature, it is remarkable how easily even educated and intelligent persons are tricked, misled, and deceived by the most shallow frauds and palpable impostures. Dogmas the most irrational, theories the most transparent, and creeds of the most unsound and erroneous nature find zealous converts and ready disciples in men who in every other circumstance of life are slow, and cautious, and wary in giving in their adhesion unless their reason is convinced and their common sense satisfied.

This absence of knowledge upon all—even the most commonplace—subjects relative to the maintenance of health, or the simplest rules of hygienics, is very prevalent amongst all classes, and is attended very frequently with disastrous and lamentable consequences. What but credulous unbelief and blind ignorance render whole corporations so obstinate in their opposition to sanitary improvements, so heedless of the most reasonable suggestions and necessary measures, or so careless in taking timely warning, and profiting by the results of acquired experience? What but an utter disregard and want of attention to all subjects of this nature make men rush after every fresh empiric who starts into existence, run after his specifics, and praise his drugs? Although of course in a little while they find out that they have been deceived, and that their own foolishness made them his dupes But thus do the public go on, tricked, cheated, plundered, preyed upon, the victims of every quack and impostor who parades his name before them. And not a whit do they profit by experience; deceived one day, they are as ready to be gulled and defrauded the next. Parr, Morrison, Holloway, have each in their turn been the talk, and jest, and byword of the metropolis; and though it is well known that their assertions are lies and their *remedies*, so called, shallow deceptions, still these men manage to trade or barter their compounds, victimize the poor fools that rely upon them, and derive vast incomes from the enlightened patronage of our discriminating public!

It is our desire to lay before the readers of the *Lancet* a complete and thorough description of the vast crowd of impostors and quacks that infest the profession, or assert pretensions to medical knowledge. On the present occasion, we wish to direct attention to the manner in which the gross ignorance that exists amidst all classes of society, upon subjects connected with the profession of medicine, feeds, cherishes, and, as it were, actually calls into life the greater number of the impudent cheats and extortioners who impudently intrude themselves upon the notice of the public Could mountebanks of the most disreputable character, and scoundrels deficient alike in all education and knowledge, follow a successful and profitable trade, if they did not discover persons silly enough to trust in their assertions and rely upon their statements? Most assuredly not; yet day after day newspapers teem with fresh notices of these pretenders, and new "cures" are continually palmed upon public credulity. Wholesale testimonies from people who either never existed, or whose previous decease had been carefully ascertained—certificates of *cure* from persons of rank in distant parts of the country, who very likely have never heard of the quack compound, for whose efficacy they are made to vouch, and have perhaps at no time in their lives suffered under the disorder from which the *remedy (!)* is asserted to have relieved them—these are the fabricated falsehoods by which the public are entrapped! If this were not the case, could these knaves any longer exist? Would not they at once try some other game, and strive to subsist in a different manner? The axiom, therefore, that we wish to lay down is this: that if the public were not so easily gulled, these quacks, extortioners, charlatans, and scoundrels would very soon disappear. In truth their tricks have been so long carried on, and their palpable frauds so frequently exposed, that it is almost a matter of wonder, that so many persons still remain deaf and unconvinced by the voice of experience.—*Lancet*, Oct. 15, 1853.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Statistics of the Weather and Mortality in Philadelphia for the year 1852.

THE WEATHER FROM 1835 INCLUSIVE UP TO AND INCLUDING THE YEAR 1852.

	Rain during some portion of the twenty-four hours.	Rain the whole or nearly the whole of the day.	Total number of days on which rain fell during the year.	Snow, including very slight falls.	Cloudy days without storming, including those partially overcast.	Total number of cloudy days.	Total number of clear days in the ordinary acceptation of the term "clear."
Average for ten years immediately preceding 1845	84	29	113	24	58	195	170
Statistics for year 1845	98	25	123	27	70	220	145
" " 1846	90	33	123	22	81	226	139
" " 1847	32	94	126	20	69	215	150
" " 1848	111	20	131	21	69	221	145
" " 1849	93	25	117	29	82	228	137
" " 1850	112	27	139	31	57	227	138
" " 1851	97	21	118	22	78	218	147
" " 1852	103	22	125	31	74	230	136
Making the average for the last eighteen years about	91	33	124	26	70	220	145
The average for the years* 1835 and 1836 was	63	28	91	17	37	145	220
While that for 1851 and 1852 has been	100	22	122	26	76	224	141

MONTHLY STATISTICS OF SAME CHARACTER FOR 1852.

January	0	1	1	10	4	15	16
February	4	1	5	8	4	17	12
March	9	3	12	3	8	23	8
April	14	4	18	4	5	27	3
May	11	0	11	0	7	18	13
June	12	0	12	0	3	15	15
July	10	1	11	0	4	15	16
August	12	2	14	0	9	23	8
September	5	0	5	0	8	13	17
October	7	0	7	0	11	18	13
November	10	4	14	4	4	22	8
December	9	6	15	2	7	24	7
	103	22	125	31	74	230	136

AVERAGE TEMPERATURE AT 9, 12, AND 3 O'CLOCK RESPECTIVELY, ALSO THE MEAN TEMPERATURE OF SAME HOURS, AND THAT OF THE EXTREMES OF EACH DAY.

	1851.					1852.				
	9 o'clock.	12 o'clock.	3 o'clock.	Mean of 9, 12, and 3.	Mean of extremes per Penn. Hospital.	9 o'clock.	12 o'clock.	3 o'clock.	Mean of 9, 12, and 3.	Mean of extremes per Penn. Hospital.
January	33	39	41	37.6	35.22	24	30	32	28.6	27.50
February	38	43	46	42.3	39.78	32	36	39	35.6	34.05
March	41	41	51	44.3	43.05	38	44	48	43.3	40.75
April	51	57	61	56.3	51.93	45	50	52	49	46.60
May	61	70	74	68.3	62.58	30	68	74	57.6	63.03
June	69	78	81	76	70 40	69	77	82	76	71.78
July	77	83	85	81.3	76.82	76	82	84	80.6	77
August	70	78	80	76	72.40	71	76	78	75	72.02
September	64	72	79	71.6	67.46	64	70	73	69	64.79
October	55	61	63	58.3	56.55	56	62	63	60.3	58.25
November	41	45	46	44	41.80	42	46	47	45	43.15
December	28	32	33	31	30.04	40	44	46	43.3	41.09
Average mean temperature for the year				57.25	54				55.27	53.33

Amount of Rain that has fallen during various years.

Average from 1830, inclusive, to 1835, 41 3-5 inches.
" 1835, " 1840, 49 "
" 1840, " 1845, 41 1-5 "
" 1845, " 1850, 43 2-5 "
Amount during the year 1850, the unusual quantity of 54 1-2 "
Amount during the year 1851, only 35 4-5 "
" " 1852, it reached about 45 4-5 "
being about 1 1-5 inch above the average for the last fifteen years.

The above is compiled from the record kept at the Pennsylvania Hospital, from which we find that from 1830 to 1851 (both inclusive)—

The *smallest* quantity fell in the years 1834, 34 inches.
" " " 1848, 35 "
The *largest* " " 1841, 55 "
" " " 1850, 54½ "

It may also be observed by comparing these statistics with previous ones, compiled for this paper, that

The smallest number of days in any year, since 1834, during some portion of which rain has fallen, was 88 in 1837
The largest do. do. do. 139 in 1850
While the average number during the same period has been 124

Since the above was prepared for the press, it was thought well to introduce the following interesting statistics, "obtained through the courtesy of Dr. John Conrad, being compiled from the journal kept by him with great care at the Pennsylvania Hospital."

The warmest day in the year was the 16th of June, when the highest of the thermometer was 94°, and the lowest 78°.

The coldest day was the 20th of January, when the highest of the thermometer was 7° above zero, and the lowest 2° below zero.

The mean temperature of the year is 53.4°.

The mean yearly temperature for 26 years is 53.16°.

The temperature of the seasons, as deduced from observations, for 26 years, is as follows:—

Winter months,	33°	Summer months,	73.3°
Spring months,	51.8	Autumn months,	54.5

The warmest year was 1828, 55½°.
The coldest year was 1836, 49°.

Mean Temperature of the Months for 26 years, from 1825 to 1851.

January,	31.9°	May,	62.4°	Septem.	65.4°
February,	32.5	June,	71.2	October,	54 2
March,	41.2	July,	75.6	Novem.	43.8
April,	51.9	August,	73.1	Decem.	34.5

Amount of Rain for each Month of 1852.

	Inches		Inches.		Inches.
January,	2.01	May,	3.04	Septem.	1.29
February,	2.71	June,	4.03	October,	2.27
March,	4.27	July,	4.06	Novem.	5.60
April,	6.44	August,	4.40	Decem.	5.18

The total amount of rain for the year is 45¾ inches. The average amount for 15 years, from 1838 to 1852, is 44.6 inches.

Amount of Rain for each Year for 14 Years.

	Inches.		Inches.		Inches.
1838,	45.29	1843,	46.91	1848,	35.00
1839,	43.73	1844,	40.17	1849,	42.09
1840,	47.40	1845,	40.00	1850,	54.54
1841,	55.50	1846,	44.38	1851,	35.50
1842,	48.53	1847,	45.09	1852,	45.75

The greatest amount fell in 1841—55½ inches; the least in 1848—35 inches.

Average Amount of Rain for each Month of the Year, for 14 years, from 1838 to 1851.

	Inches.		Inches.		Inches.
January,	3.26	May,	3.81	Septem.	3.54
February,	2.92	June,	3.58	October,	3.42
March,	3.78	July,	4.22	Novem.	3.46
April,	3.25	August,	5.13	Decem.	4.13

The greatest amount which fell in any month was in July, 1842—11.80 inches; the least amount in September, 1846—¼ inch.

Mortality of New York and Philadelphia.—According to the census of 1850, the population of New York was 515,507; that of Philadelphia, 408,702. And during the past year the aggregate number of deaths in New York was 21,558; in Philadelphia it was 10,245, *or less than one-half*. This contrast will strike the reader as most remarkable. The advantage to Philadelphia is truly decided.

With regard to our neighbours, however, it is fair to state that many of the victims were foreigners, who had landed in the country but a few weeks. The natives of the United States amounted to 14,871. The contrast, nevertheless, is decidedly in favour of Philadelphia, in reference to which the following minutiæ are given of the deaths occurring in Philadelphia during the past four years:—

Years.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Totals.
1849....	542	541	701	622	522	914	1,782	1,239	994	565	466	659	9,547
1850....	469	570	719	597	621	829	1,045	1,225	647	565	636	550	8,473
1851....	568	599	774	609	634	814	1,056	1,020	675	565	770	751	8,841
1852....	1,041	838	889	808	960	675	1,098	918	770	735	681	832	10,245

It will be perceived that the excess of the year 1852 (including, as usual, the *stillborn*, which amounted to 512) was 1,404, while that of 1851 over 1850 was only 368. Some little allowance, however, ought to be made, from the fact that the account for 1852 includes the week ending on the first day of 1853, as well as four days of the preceding year.

The above account is compiled from the reports of the Board of Health, and is taken by *weeks;* that is, the *month* consists of all the *entire weeks* up to and including the last seventh day in the month, together with the additional week that may have *commenced* in the *preceding* month, when such cases occur. This is frequently counterbalanced by the fractional parts of weeks not counted at the *last* of the month, where it would *otherwise* belong. It may be proper to remark, that March, June, September, and December of 1849—and March, June, August, and November of 1850—the same of 1851—and January, May, July, October, and December of 1852, are each composed of *five entire weeks*.

Much more interesting matter in connection with this subject might be introduced, did time and space permit; but the following statistics, prepared by Dr. Wilson Jewell, of this city, must suffice, viz: "Mortality of Philadelphia for the year 1852." The total was 10,258, or an aggregate of 1,387 over 1851. This gives one death to every 39 and 8 10ths of a population of 409,000. Included in the foregoing, were 913 from the Blockley Almshouse, 832 coloured persons, and 108 persons from the country. The highest number of deaths in any one month occurred in January, amounting to 1,037, making 33½ deaths per day. The lowest number was in October, viz., 580; equal to 18¾ deaths per day. The mean number of deaths per day throughout the year was 28.

Of the whole number of deaths, 5,049, or 49 per cent., were among children under five years of age. Of this great excess of mortality in infancy, 2,800, or 27½ per cent., occurred before the termination of the first year of life. In this calculation, we have included the "stillborn," which amounted to 516.

Of the deaths from all causes, exclusive of stillborn, 590, or 6 per cent., were beyond 70 years of age. Of these, 188 were over 80; 38 were over 90; and 7 were between 100 and 110 years of age. The most prevalent diseases in the community, and the number of deaths therefrom during the year, were as follows: Consumption of the lungs, 1,204; Dysentery, 558; Convulsions, 499; Inflammation of the lungs, 444; Scarlet fever, 433; Smallpox, 426; Marasmus, 354; Debility, 345; Cholera infantum, 329; Inflammation of the brain, 258; Dropsy of the brain, 247; Inflammation of the bronchiæ, 208; Croup, 208. In all, 5,513, constituting a majority of the whole number of deaths recorded.

In the aggregate of deaths, we find the preponderance on the side of the males. While those among females amounted to 4,821, the male deaths were 5,437, an excess of 616, or about 13 per cent. over the females.

The deaths specified in the record as consumption of the lungs, number 1,204; this gives one out of every 8½ deaths during the year, or nearly 12 per cent. There is an increase of mortality from this disease over the year 1851, of 35 per cent. The deaths from consumption for 1852, to population, were one to 90½.

The following table presents a comparison between the diseases which have been most fatal, hence most prevalent, for five consecutive years:—

	1848.	1849.	1850.	1851.	1852.
Cholera infantum	454	582	505	397	329
Consumption of the lungs	965	939	907	881	1204
Congestion of the brain	85	91	97	130	120
Convulsions	401	415	444	479	499
Croup	177	130	143	180	208
Debility	145	200	201	260	345
Diarrhœa	122	225	208	157	156
Dropsy of the brain	220	237	283	245	247
Dysentery	315	578	421	401	558
Scarlet fever	172	242	439	400	433
Inflammation of the brain	186	198	218	202	258
" " bronchiæ	172	169	191	175	208
" " lungs	265	273	352	352	444
Marasmus	237	264	217	255	354
Old age	188	226	185	186	192
Smallpox	100	152	40	216	426

The following items, quoted from some of the periodicals of the day, are introduced merely for the information they embrace, and *not* for anything like the laudation of a particular sect that one of them might, by some, be supposed to contain; though there can be no doubt that, were the professed simple habits of that people strictly adhered to, not only by themselves, but by mankind at large, our bills of mortality would ere long present quite a different aspect, while the *living* in the mean time would be real-

izing the incalculable benefit arising from moderation and temperance.

Influence of Employments and Professions on Longevity.—Mr. Amasa Walker, Secretary of State of Massachusetts, has prepared a table of the vocations, as well as the ages, of several thousand persons who died between 1843 and 1850, showing the following results:—

Vocation.	Number.	Av. age at death.
Farmers,	4,974	63 83
Labourers,	2,283	45 39
Carpenters,	662	49 28
Shoemakers,	1,011	43.04
Merchants,	350	51.02
Professional men,	312	57.50

Review of the Weather in Philadelphia for September, 1853.

Days of month.	THERMOMETER.			WIND—COURSE AND FORCE.		REMARKS.
	Sunrise.	2 P. M.	Mean.	Sunrise.	2 P. M.	
1	72	84	78	S. S. W. 1	S. S. W. 1	Overcast, cloudy.
2	71	84	77½	N. E. 2	S. 1	Overcast, clear.
3	71	82	76½	S. by E. 2	S. by W. 1	Overcast, cloudy.
4	73	86	79½	S. 1	S. S. W. 1½	Rain night, fair, clear.
5	73	90	81½	S. by W. 2	S. W. 3	Cloudy, fair.
6	76	91	83½	S. S. W. 1	S. W. 3½	Cloudless (warmest night), clear.
7	74	88	81	S. S. W. 4	S. W. 4	Overcast, clear, thundershower 4½ P. M,
8	64	76	70	N. W. 3	N. 3	Clear, fair, clear.
9	63	74	68½	N. 1	S. S. E. 2½	Clear, cloudy, rain 5 P. M.
10	63	70	66½	N. N. E. 3	N. N. W. 2	Rainy night and morning, clear P. M.
11	56	70	63	N. N. W. 1	N. W. 2½	Cloudless, fair.
12	56	66	61	N. 1½	calm	Fair, cloudy.
13	60	69	64½	S. W. 1	S. S. 1½	Cloudy, fair.
14	65	70	71½	S. by W. ½	S. by W. 3	Overcast, rain at 6 P. M.
15	66	77	71½	S. W. 5	W. by N. 5	Clear (rainy and windy night), rain.
16	64	79	71½	N. W. 3	N. W. 2½	Clear, cloudless.
17	64	81	72½	calm	S. W. 3	Foggy, clear.
18	70	83	76½	S W. 1	S. W. 1	Overcast, clear.
19	70	84	77	S. ½	S. W. 3	Cloudless, clear.
20	74	72	73	S S. W. 2	N. W. 2	Fair, rain after 12 M.
21	61	74	67½	N. W. 3	N. W. 2½	Fair, clear.
22	60	72	66	N. W. 2	N. W. 3	Clear, fair.
23	58	70	64	N. N. W. 3	N. W. 3	Cloudy, clear.
24	57	73	65	S. W. 2	S. S. W. 4	Cloudless, clear.
25	58	68	63	N. 3	N. W. 1	Clear, cloudless.
26	55	70	62½	N. W. 2	S. W. 2	Fair, cloudless.
27	58	72	65	S. W. 1	S. W. 2	Cloudless, clear.
28	64	74	69	S. W. 2	S. W. 4	Fair, cloudy, rain 4 to 5½ P. M. Aurora in N.
29	48	61	54½	N. W. 3	N. W. 4	Cloudless, clear.
30	44	59	51½	N. W. 1	S. W. 1	Cloudless, cloudy.
	63.60	75.56	69.58	1.9	2.4	Monthly mean.

The temperature for September, like that of the preceding month, was unusually high. On eight days, the heat at mid-day was above 80, and twice at and above 90 degrees. The mean heat of the month rose to 69 58; the average temperature of the month being, for the last 60 years, 65 71. Twice only, in this lengthened period, has it been higher, viz: in 1793 and 1804, in each of which years the mean temperature of September is recorded at 70 degrees. No frost has been witnessed in the city, though, doubtless, it was felt on the morning of the 30th, in the low grounds of the neighbouring country. The range of the thermometer for the month was from 91 at noon of the 6th, to 44 on the morning of the 30th, or 47 degrees.

During the month, 20 days were without rain, and mostly clear; 3 were cloudy, or overcast; and on 7 days rain fell to the amount of 4.46 inches, as measured at the Pennsylvania Hospital.

The north east storm which is expected about the time of the autumnal equinox, and which usually begins in the latitude of the West Indies, and travels bodily up the Atlantic coast at the rate of some twelve miles an hour, was not this year experienced, though a storm of similar character swept with disastrous force along the coast, from

the 5th to the 9th of the month, and between the parallels of 33 and 40 north latitude, and between 60 and 86 degrees west longitude. Whoever reads the catalogue of marine disasters, as published in the daily papers for the two weeks following the storm, may have seen, by comparing time and place on his chart, the whole of this broad space of ocean dotted over by crippled ships, loss of cargo, loss of life, or other marine disasters. By a reference to our tabular record, it will be seen that the storm was not felt at Philadelphia. Again, on the 14th and 15th there was a heavy blow, causing several shipwrecks, and extending to the interior. In this city and vicinity, considerable damage was done to fruit and other trees, on the night of the 14th; and on the following day a "strong wind" (marked on our record 5) blew from the south-west, veering in the afternoon to north-west.

Among the other physical phenomena of the month may be named a thunderstorm on the afternoon of the 7th; an aurora borealis on the evening of the 28th; and the shock of an earthquake on the night of the 7th, in the eastern part of Massachusetts.

There was an unusual prevalence of westerly and southerly winds during the month, it being—

From the	W.	a part or the whole of	27	days.
"	S.	"	20	"
"	N.	"	15	"
"	E.	"	4	"

—

Mortality on Board Emigrant Vessels.—The mortality on board the emigrant vessels which have lately arrived at the New York Quarantine has been frightful, and should induce Congress to pass a law, in compliance with the memorial of the American Medical Association, requiring every emigrant ship to have a surgeon on board.

The following statistics are given of the arrivals and mortality between the 11th of September and the 14th of October last:—

Arrived.	Ships.	From	Pass.	D.	S'k.
Sept. 11,	Lucy Thompson	Liverpool	764	35	7
Sept. 15,	Niagara . . .	Liverpool	249	33	..
Sept. 21,	Charles Sprague	Bremen	350	45	12
Sept. 26,	Oder	Hamburg	237	14	6
Sept. 27,	Winchester .	Liverpool	463	79	6
Sept. 30,	Talleyrand . .	Hamburg	210	11	..
Sept. 30,	Louisiana . .	Hamburg	142	3	..
Oct. 14,	Marmion . .	Liverpool	295	34	2
Total			2,740	259	33

These deaths are supposed to have been nearly all caused by cholera, and it is said to be certain that the thirty-three sick persons landed at quarantine were all attacked by that disease. It is also said that about one hundred cases of yellow fever have been treated at the quarantine hospital during the summer.

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Harvey Demonstrating to Charles the First his Theory of the Circulation of the Blood.—We have received from Messrs. C. J. Price & Co., No. 7 Hart's Buildings, a splendid engraving, by G. Bellamy, from a painting by R. Hannah, of Harvey demonstrating to Charles the First his theory of the circulation of the blood from the heart of a deer.

The object of this work is, by furnishing a pictorial record of an incident in the life of a great man, to extend a knowledge of one of the most important discoveries in science, and to keep alive in the hearts of all who admire genius, gratitude to the memory of one of the greatest benefactors of mankind. The same services which Newton rendered to optics and astronomy, by his theories of light and gravitation, Harvey conferred upon anatomy and medicine, by his true doctrine of the circulation of the blood.

The picture represents Harvey's apartment in the palace. He is surrounded by the king and the young prince, courtiers, and some of Harvey's opponents in the medical faculty. The likeness of Harvey is taken from an excellent portrait by Cornelius Jansen, in the College of Physicians, London.

The price of the print is three dollars. Proofs after letter can be obtained for four dollars, and proofs before letter on India paper for five dollars.

The style in which this print is executed is highly creditable to the publisher, Mr. Geo. S. Appleton, of New York.

FOREIGN INTELLIGENCE.

Laws of Cholera.—There are some important laws of cholera in relation to the seasons which are deserving attention.

The two former invasions of England by the epidemic occurred at the end of harvest, and extended their ravages till the close of the following years, running their course in each case in fifteen months. In every in-

stance the greatest amount of fatality in this country has been soon after the harvest. Without assuming any closer connection between the cholera and the wheat plant than there is between the Goodwin Sands and Tenterden steeple, we cannot withhold the remarkable passage in the cholera report which points out a very curious analogy in the histories of the plant and the epidemic. "The cholera in England kept pace in its development with the wheat plant, which took root in October, germinated in the winter, flowered in June, filled in July and August, was cut down by the reaper before the first week in September, when cholera was most rife, and would have been dead ripe in October and in November, when cholera ceased." No descriptive observations will enable the reader so clearly to perceive the relation between the months of the year and the fluctuations of the epidemic as the inspection of the following table of

Deaths from Cholera in England during each month that the Epidemic reigned.

Months.	Deaths from Cholera in England.		Of the Total Deaths from Cholera the total per cent. in each month.	
1831–48.	1831–2.	1848–9.	1831–2.	1848–9.
October		354		.651
November	97	376	.314	.691
December	282	375	.912	.689
1832–49.				
January	614	658	1.986	1.210
February	708	371	2.289	.682
March	1,519	302	4.912	.555
April	1,401	107	4.530	.197
May	748	327	2.419	.601
June	1,363	2,046	4.408	3.761
July	4,816	7,570	15.574	13.916
August	8,875	15,872	28.699	29.178
September	5,479	20,379	17.718	37.463
October	4,080	4,654	13.194	8.555
November	802	844	2.593	1.552
December	140	163	.453	.300
Total	30,924	54,398	100.000	100.000

In each of the years presented in the table, there was a gradual increase in the number of deaths from the period of the commencement of the epidemic. In 1831–32, this progress continued for five months, and then sunk down, so as to encourage the hope that it was dying away. In 1848–49, there was a similar gradual progress for four months. In the former case, the lowest point was reached in May; in the latter, in April. Then came the fresh eruptions, reaching their high numbers in August and September; after which period the storms, having expended their fury, rapidly ceased. In the diagram, showing the relation of temperature to cholera from day to day, in 1849, the line of temperature fluctuates during January, February, March, and April, but without any rise; and, during the same months, as the above table shows, the cholera declines, dipping as low as only 107 in all England in the month of April. Then the temperature and the cholera both rise until August, when the heat attains its greatest height. Not so the cholera, which continues to mount with rapidity until September, when it shoots up to its highest point, after which it as rapidly descends. It would be wrong to infer, from this departure from the parallel between the temperature and the epidemic, that supposed relations were disproved. The radiating power of the sun in relation to us is greatest at midsummer, but our maximum heat is not reached until August; and we see a perfectly analogous case in the fact that the cholera reaches its culminating point some time after the temperature has made a corresponding advance.

Our experience hitherto shows a relation between the seasons in England and the intensity of the epidemic, which is more accurately represented by the Table than it could be described by any verbal expression. It would be no argument against this position, that, in other places, instances could be shown in which cholera raged in the cold season. We know that in St. Petersburg it has raged with great violence in the winter; and that in Scotland it existed during intense frost in January. Exceptional instances of this kind may perhaps be accounted for by local conditions, and may only assist to prove the rule, as perhaps is already done in the case of St. Petersburg, where the system of heating the dwellings may create, by artificial means, a condition perfectly analogous to our natural cholera harvest.

During the intense season of the last cholera invasion, much attention was directed to the atmospheric changes which were supposed to precede or accompany the various outbreaks. A discovery of the genesis of the epidemic was anticipated from observations on the electrical state of the atmosphere at St. Petersburg, where, indeed, the electricity appears to have been disturbed during the whole course of the

epidemic, being "so much diminished that the machines could not be charged." To make these phenomena available for the purpose they were intended, they should have been accompanied by evidence that such disturbance in the neighbourhood of St. Petersburg had not taken place before or since, and that similar phenomena were observed in many other places while the cholera was present. These phenomena were not general. There was no loss of power in the magnet at Hamburg, or at Berlin, where observations were made. In London, "the cholera quarter," the magnets were seldom disturbed, and, "the amount of electricity, though less than usual, seems to have diminished only in proportion to the less amount of humidity in the air."

There is, however, one observation in reference to the state of the atmosphere during the choleraic eras which is of great importance, and which corroborates the views we have taken of the agencies prevalent during these seasons. Mr. Glaisher, of the Royal Observatory, Greenwich, states that the horizontal movement of the air during the whole of this period was *only one-half of the usual amount;* that the period was distinguished by a thick, stagnant atmosphere; that the air was, for the most part, very close and oppressive; and that, on some days, when there was a strong breeze blowing at the top of the Observatory, and over Blackheath, there was not the slightest motion in the air on the banks of the Thames.

This observation acquires increased importance from a comparison with the description given by Mr. Thom, of the atmosphere of Kurrachee some time before the dreadful outbreak of cholera in that town, when "the temperature was unusually high, the quantity of moisture in the atmosphere was greater than he had ever seen it before in any part of the world, and light, weak, and unsteady winds, or calms, had prevailed in the early part of June, instead of the strong, steady winds, and the overcast sky, for which June and July are remarkable in Kurrachee; and finally, there had been excessive rains. The people, as the result, suffered from languor and oppression, and inability to undergo the slightest fatigue without extreme exhaustion. For ten days before the outbreak of the epidemic, it was a common remark among the old hands, that it was regular "cholera weather." The Report of the Board of Health, whence this account is extracted, adds, that "it is important to bear in mind that these physical conditions of the atmosphere which thus oppress the vital powers, are the very conditions under which noxious animal and vegetable refuse decompose with the greatest rapidity, and in which the products are carried in greatest quantity into the blood by the respiratory organs."

The inquiry which has been made into the mortality of cholera in England has, in the most satisfactory manner, shown that, *cæteris paribus*, there is a close and constant relationship of the epidemic to elevation. It has been observed, in a former paper in this series, that there is a close connection between the general health of this country and the distribution of cholera. Now, the tables of mortality in England show that, as a general rule, the mortality declines as we ascend rivers, and that the majority of healthy districts are at certain elevations above the sea.

The relation between the level of places and the strength of the cholera has been most carefully tested in the case of London, and the result has been the discovery of the mathematical correspondence between these two elements under consideration.

The districts of London have been classified according to their elevation above the level of the Thames. They are divided into those the elevation of which is not on an average above 20 feet, and at this level the deaths from cholera were 102 in every 10 000. In the second group, at from 20 to 40 feet elevation, the deaths in the same number were reduced to 65. In the third group, from 40 to 60 feet high, the numbers sank to 34 in 10,000. In the fifth group, with an elevation of from 80 to 100 feet, the deaths were but 22 in 10,000. In a district 100 feet high the mortality was 17; while at Hampstead, about 350 feet above the level of the Thames, the deaths were only 8, of which 1 resulted from infection brought from Wandsworth.

It was found, on farther examination of these facts, that the mortality from cholera on ground under 20 feet high being represented by 1, the relative mortality on each successive terrace is represented by one-half, one-third, one-fourth, one-fifth, one-sixth; so that the mortality from cholera,

at each successive elevation, is one-half, one third, one fourth, one-fifth, one-sixth of the mortality in the terrace immediately below it.

To do justice to Mr. Farr, by whom this law was discovered, and for the guidance of scientific inquirers, who may wish farther to understand and test it, it is necessary to add the following paragraph from his Report:—

"The elevation of the five terraces may be represented by 10, 30, 50, 70, 90 feet. The elevations of the two higher districts are 100 and 350 feet. It will be observed, that the mortality at 100 feet is 17; at 50 feet, 34 in 10,000; consequently, at half the elevation the mortality is doubled. The half of 50 is 25, and the double of the mortality 34 is 68. Now, observation gives 65 in 10,000 as the mortality at 30 feet of elevation. As the processes of dividing the elevation, and of multiplying the mortality by 2 may be carried on *ad infinitum*, it is evident that the mortality is not strictly in the inverse ratio of the heights of the soil."

We may add, however, that this inverse ratio is maintained as accurately as is requisite for the theory, bearing in mind the various modifying circumstances which must produce some little deviation from strict mathematical accuracy. For example, the advantages which are afforded to Hampstead by its elevation are somewhat diminished by the deficiency in the supply of good water; and the disadvantage of some lower levels is compensated by the better supply of water, and by the means and appliances secured by the wealth of the inhabitants.

In considering the law which is thus announced, it is scarcely necessary to observe that it must be always viewed in connection with the circumstances which may impede its operation. It is quite possible to convert the most elevated spots into unhealthy places, and render them sources of pestilence to the surrounding districts. Salisbury, Merthyr, Tydvil, Bilston, Newcastle-under Lyme, and St. Giles's, are on levels favourable to a healthy state, and have suffered purely from causes which it was within human power to prevent.—*Med. Times and Gaz.* Oct. 15, 1853.

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Death from Chloroform.—A case of death from the administration of chloroform occurred last week in the Edinburgh Infirmary. Thanks to Heaven, it happened in the broad daylight of a public institution—where these things cannot be hid in a corner—and not in the private sick-room of a parturient lady, nor in the operating-chambers of some practising surgeon, in either of which cases it would doubtless have been smothered in oblivion.

The professor of clinical surgery would not cut a fistula in ano, however small the incision; would not apply the actual cautery, although he stoutly maintains the pain is so momentary it becomes inappreciable; nay, I fancy now, would not think of thrusting a bistoury into an abscess—and any one who has followed his practice knows how frequently these things occur—without first requesting a handkerchief and a phial of chloroform.

The Edinburgh medical press has done all in its power to proclaim the complete safety of chloroform; and if any fatal cases have occurred in this city, it has known also to bury them in silence, and has strained every nerve to invent some strange hypothesis, such as the adulteration of the drug, faulty mode of administration, etc., to account for the deaths from its employment that have happened in other places and countries, events which were quite to be anticipated in the natural course of things. Sometimes, however, unpleasant truths—simply because they are truths—become known in spite of all attempts to conceal them. Thus, in a late number of the recently deceased *Monthly Journal*, we have read a long account of some experiments with chloroform, written by a gentleman who had excellent opportunities of witnessing the private practice of Mr. Syme. If that paper has served no other good purpose, it has at least effected one—it has undeniably shown how very near the gates of death chloroform has led its victims.

Now for the facts of the actually fatal case: A stout, healthy young man, whose chances of a long life an insurance company would have been but too happy to accept, entered the operating theatre of the Royal Infirmary to have a stricture of the urethra dealt with according to the manner of Mr. Syme. (Remarkable coincidence!) The patient was laid upon a table, chloroform was begun to be administered, the patient struggled violently; however, by the help of dressers, clerks, and assistant-surgeons,

he was held close to the table, and the inhalation proceeded. The operation was about being commenced, the perineum had just been shaved, when a gentleman expressed some doubts as to the character of the radial pulse; another imagined to sound that of the posterior tibial artery, but he found the pulsations there quite distinct. Both continued, however, to keep their fingers applied. After a short pause, each almost simultaneously exclaimed, "It's stopped!" Startling announcement. Windows thrown open; tongue seized with artery forceps, drawn out of the mouth; chest squeezed; abdomen pressed upon; the electric battery made to work upon the thorax; cold water dashed upon the face and head; the trachea opened, a tube inserted, all in vain; life had deserted its tenement. It should be remarked, as an effect of the galvanism, respiration went on for some time, although the heart's action never recovered itself. The patient was carried to the dead-house. Two days afterwards, the body was examined; and, with the exception of a few old pleuritic adhesions, every organ presented the most exquisite specimen of health.

This case must necessarily suggest to every medical man many important reflections:—

1. It shows that chloroform is not so entirely innocuous, not so completely devoid of danger as the Edinburgh professors would have the world believe.

2. The insignificance of the operation. Indeed, Mr. Syme maintains, it is almost destitute of pain, never gives rise to hemorrhage, is exceedingly easy in execution. Is, then, the administration of chloroform warrantable in such a case?

3. Was the operation absolutely necessary? On this point the opinion of the profession is divided. However, now there can be no two opinions as to the preferable course of treatment. Far better, surely, to have a stricture remedied by the somewhat slower, but infinitely safer process, of dilatation with bougies, than run the risk of the inhalation of chloroform for the purpose of having it divided, not to take into account the dangers inseparable from the operation itself.

4. The state of the pulse should be attended to, as betraying the first symptom of impending danger. This is in direct opposition to the oft repeated and published advice of Mr. Syme: "We never attend, in this infirmary," says he, session after session, to his clinical pupils, "to the condition of the pulse while chloroform is being administered. If the ribs go on rising and falling, all is well." In this case we have an instance of the movements of respiration progressing fifteen minutes after the cessation of the heart's action. When that occurred, had death not truly supervened?

5. As to the mode of death, and the remedies employed. From tracheotomy having been performed, and artificial respiration attempted to be induced, we must infer the medical attendants imagined the patient was dying from asphyxia, and that most probably in consequence of a spasm of the glottis. Mistakes, in such emergencies, are excusable; but whoever, in asphyxia, or spasm of the glottis, ever saw the movements of respiration succeed one another so smoothly and so regularly; or even the process of respiration to continue after the stoppage of the circulation? To our mind, the case presented itself as one of mere syncope, dependent on the too strongly sedative influence of the anæsthetic on the nervous system, thereby influencing the action of the heart. If it had been treated on such pathological data, we think the chances of recovery might have been increased. The head should be lowered, the arms and legs elevated, so as to afford the proper stimulus, in sufficient quantity, to awaken the temporarily subdued energies of the nervous system. Ammonia applied to the nostrils, and the use of the other remedies suitable in cases of diminution of the vis nervosa.

May we not conclude, from the above, that chloroform should be reserved for certain cases only; cases which demand the annihilation of pain as a point of paramount importance, with a view either to the proper performance of an operation, or to the ultimate recovery of the patient. Let the Edinburgh professors modify their doctrine, and caution the medical student, that chloroform may sometimes prove fatal, and, therefore, should not be used indiscriminately. Yours, SURGEON.

—*Med. Times and Gaz.* Oct. 15, 1853.

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Upon the Evolution of the Teeth in Infants.—M. Trousseau affirms that the period when the milk-teeth first appear through the gum is about the age of seven months and a half; and that they pursue the

following order: 1. The two inferior median incisors; 2. The four superior incisors; 3. The inferior lateral incisors, and the first four molars; 4. The four canine; 5. The last four molars. M. Trousseau persists in affirming that the canines appear after the first molars. In this point he is undoubtedly correct. The order of appearance of the teeth is governed by the wants of the animal throughout the mammalian class. The soft food first given to the infant requires cutting by the incisor teeth, then grinding by the molar teeth; but the digestive organs are not for some months fitted for the firmer kinds of food requiring laceration, for which the canine teeth are intended.—*Med. Times and Gaz* Oct. 8, 1853.

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Fracture of the Trochlea of the Humerus.—In the *Archives Générales de Médecine*, as quoted in the *Gazette Médicale* for April 16, M. Laugier describes a variety of fracture of the trochlea of the humerus. The following are its diagnostic signs:—

The fracture of the trochlea may be produced by a fall on the palm of the hand; it leaves the passive movements of the forearm entire: extension of the limb is accompanied by inclination inwards of the forearm on the arm at a very obtuse angle, the summit of which corresponds to the epitrochlea; in resisting this, there is an abnormal amount of transverse mobility, and distinct crepitation: the ulna is not displaced backwards or inwards: the olecranon is immovable on the ulna: the two condyles of the humerus are immovable, either on the bone, or on each other.—*Assoc. Med. Journ.*, Sept. 30.

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Cholera in London—It is stated in the latest No. of the *Medical Times and Gazette* (Oct. 15) which we have received that the cholera gives decided indications of a disposition to increase; in three previous weeks the fatal cases were 16, 29, 47; last week they rose to 66, of which 29 occurred to males, 37 to females. The majority of the deaths were among persons of middle age; 26 occurred under 15 years of age, 36 at 15 and under 60 years, 4 at 60 years and upwards. In the corresponding week of 1848, soon after the epidemic of that period made its appearance in London, the number of deaths from cholera was 30; in the corresponding week of 1849, when it was passing away, the number was 110. The 66 cases of last week were thus divided over the metropolis: In the West Districts, 9 (pop. 376,427); in the North, 5 (pop. 490,396); in the Central, 2 (pop. 393,256); in the East, 8 (pop. 485,522); and on the South side of the Thames, 42 (pop. 616,635).

The Registrar General requests that medical informants inquire specially in all cases whether the attack of cholera commences by "diarrhœa;" and to state the interval of time in *hours* and *doys* between the appearance of diarrhœa and the supervention of spasms, or of the other characteristic symptoms of cholera.

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Cholera in the Provinces.—The following are the Board of Health returns of deaths from Cholera (c) and Diarrhœa (d):—

	Sept. 29		30		Oct. 1		2		3		4		5	
	c.	d.	c.	d.	c.	d.	c.	d.	c.	d.	c.	d.	c.	d.
Newcastle	29	5	20	4	11	1	1	1	19	2	10	4	10	1
Gateshead	7	0	6	0	5	1	8	0	6	3	1	0	1	0

Med. Times and Gaz. Oct. 8, 1853.

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Cholera.—Copenhagen.—Intelligence of the 18th mentions only two cases of cholera, and no deaths.

Christiana.—On the 14th, numbers of cholera-sick were 89, and of dead 59; making a total of 1,693 cases, of which 1,079 have been fatal. Several other Norwegian towns are suffering in proportion.

Sweden is still enveloped by the disease. In Carlskrona, on the 13th, the deaths had reached 982, out of 1,823 sick. In Ystad, 339 sick had given 194 deaths. In Gothenburg, up to the 17th, 455 cases, and 239 deaths. The adjoining Majour ·a, 316 sick, and 128 dead. In Stockholm, on the 15th, there were 148 new cases of cholera, and 84 deaths; total, 3.016 cases, of which 1,698 have ended fatally. In Norkoping, on the 14th, the number of total cases was 1,077, and of deaths 353. While the epidemic is thus raging in Sweden, it would seem to have nearly disappeared in Finland.

Hamburg.—The cholera has been raging here now for eight weeks, but the epidemic appears sensibly to decrease. In the last three weeks, the proportion was 80, 72, 36 cases.

Odessa.—The cholera is prevalent and fatal at Odessa. Ten vessels from that port had, at the date of last advice, arrived off Constantinople, where they were put into quarantine.—*Med. Times and Gaz.*, Oct. 1, 1853.

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

Statistical Report of the Principol Operations performed in the London Hospitals during September, 1853.

The appended report includes, as last month, all the more important operations performed during September, at the following hospitals: University College, King's College, St. George's, St. Bartholomew's, Guy's, St. Thomas's, the Middlesex, the London, the Westminster, Charing-cross, St. Mary's, the Metropolitan Free, and the Central London Ophthalmic.

Lithotomy.—The case reported as still under treatment last month has since recovered. Three operations have been performed during the month; the subject of one of which, a boy, under the care of Mr. Cock, in Guy's Hospital, is doing well; the other two are dead. One of the fatal cases was a male infant, aged twenty months, apparently in fair health, but who had been long accustomed to the administration of gin. The operation was very successfully performed under the influence of chloroform, and a small stone removed; the patient, however, never completely rallied afterwards. Although very little blood was lost at the time, and none subsequently, yet he remained in a state of great depression, pale, and faint. Forty-two hours after the operation, he suddenly became comatose, and died in the course of an hour. The urine had contained pus; at the autopsy, the pelvis of one kidney was found to be extremely diseased, and the secreting tissue of both organs was much degenerated. In the second fatal case, the patient was a man of twenty-five years, in extremely ill health, and who had suffered severely from the disease. Two large calculi, the size of pullet's eggs, were removed without unusual difficulty. The man gradually declined afterwards, and death took place on the tenth day. No *post mortem* was permitted; but it is probable that the kidneys were not sound. The stones illus-

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trated a point on which we insisted some months ago, viz. that the presence of two only is sufficient to account for a quadrangular form. They were of nearly similar shape, presenting a base, an apex, and three flat sides.

Herniotomy.—Number of cases, 5, all of which are recovering, and may be considered out of danger. The case mentioned last month as remaining under treatment, is doing well, but still in hospital. Of this month's cases, 4 were femoral herniæ in women, 2 of which had been strangulated for nearly three days each; the other 2 for twenty-four and twenty-five hours respectively. One of the latter, which occurred in the Middlesex Hospital, and was operated on by Mr. Moore, was interesting from the circumstance that the operation had been performed in precisely the same spot six years previously by Mr. Shaw, for three years after which the bowel had never protruded. The fifth case was one of inguinal hernia, in an old man, operated on by Mr. Tatum, in St. George's Hospital. A portion of omentum was cut away.

Trephining the Skull.—Mr. Poland's patient, mentioned last week, as still under care, has since been discharged quite well.

Ligature of Arteries, &c.—The femoral has been tied in one case, on account of secondary hemorrhage on the seventh day after an amputation of the leg for diseased ankle-joint. The patient, a young man, had lost so much blood that he did not recover. At the *post-mortem*, a small purulent deposit was found in the liver, and the cause of the bleeding was made evident in an incised wound of the posterior tibial, just above where the ligature had been placed. The radial and ulnar, by Mr. Critchett, in the London Hospital, on account of secondary hemorrhage, seven days after the amputation of two fingers. The patient has since done well. In the London Hospital there have, also, occurred the following. Two cases in which it was necessary to tie both ends of the radial, on account of wound. One in which the radial and ulnar (high division) were cut across, together with the median nerve, by a wound in the lower third of arm. The wound was enlarged, and both ends of both vessels immediately tied. A case in which the internal jugular vein was divided by a wound in the neck. The patient, a little child, had been brought the distance of a mile to the hospital, and was pulseless on admission. No time was lost in enlarging the wound and ligaturing both ends of the vessel, on which the bleeding at once ceased. In spite, however, of the assiduous application of warmth, &c., the boy did not rally, but died an hour after he was got to bed.

Four cases of aneurism are now under treatment by compression; two of them the cases mentioned last month, respectively under the charge of Mr. Hewett, in St. George's, and Mr. Hilton, in Guy's, in neither of which is the tumour yet quite solid; one other, of the popliteal, a large one, under the care of Mr. Erichsen, in University College; and one of the radial, under Mr. Holt, in the Westminster Hospital.

Amputations—Of the 17 cases left under treatment, by last report, 8 have been discharged, and 9, all progressing favourably, remain under care. Amputations have been performed during the month on 20 patients, of whom 2 have recovered, 6 have died, and 12 are under treatment. Of the three recoveries, one is a primary amputation at the shoulder-joint, by Mr. Ure, in St. Mary's Hospital; the other, of the thigh, for diseased knee-joint, by Mr. Spencer Smith, in the same hospital. Of the fatal cases, one was a primary amputation of both legs; another a primary amputation of thigh, followed by mortification of stump; two amputations of the thigh for diseased knee-joint; death in each case, preceded by symptoms of phlebitis and pyæmia; the fifth, a case of amputation of the leg, which we have already alluded to as dying from secondary hemorrhage, and in which the femoral artery was ligatured. The sixth was a primary amputation of the legs in an old man of sixty-four, who had lost much blood, and whose arteries proved to be much diseased. He died on the eleventh day, in consequence of secondary hemorrhage. Of the cases under care, one is a Syme's amputation at the ankle-joint, for epithelial cancer of the foot, in a woman aged seventy, under the care of Mr. Marshall, in University College Hospital. One a primary amputation of the thigh. One of the thigh for diseased knee-joint. Three of the leg for diseased ankle-joint. One secondary of the leg, after compound dislocation of the astragalus. One primary of the arm. One secondary of the arm, on account of gangrene of the whole forearm, consequent

on compound fracture of both bones, with a small rent in the ulnar artery. Three primary of the forearm. Besides the above, several amputations of large portions of the hand or foot have occurred, and are doing well.

Excision of Bones and Joints, &c.—Both the patients, mentioned last month, continue under care. In University College Hospital, Mr. Statham has performed, during the month, the operation of gouging a carious cuboid bone in a man aged sixty, who is doing well.

Removal of Necrosed Bone.—Of the 14 cases reported under treatment last month, 9 still remain so. Operations have been performed on 9 other cases, 1 of which is recovered, and the rest continue under care.

Excision of Malignant Growths.—The 7 cases left by last month's report all remain under treatment. Four others have been operated on, and are all recovered. One of them was a chimney-sweep's cancer of the scrotum, excised by Mr. Marshall, in University College Hospital. The patient was a man of about forty-five, and had been operated on for the same disease, by Mr. Liston, twenty years ago. He has been discharged well, and now engages not to return to his perilous avocation. A second case was the excision of a carcinomatous breast, by Mr. Wormald, in St. Bartholomew's Hospital; the third, the removal of the whole lower lip, on account of epithelial cancer, by Mr. Birkett, in Guy's; and the fourth, an amputation of the penis, for the same disease.

Excision of Non-Malignant Growths.—Of the 13 cases reported last month as still under care, 5 have been discharged, and 8 remain under treatment. Number of cases, 15; cured, 7; under treatment, 8. Two of these were examples of exostosis, one under the charge of Mr. Tatum, in St. George's, the other under that of Mr. South, in St. Thomas's. One was an unusually large fatty tumour, removed from the thigh, by Mr. Coulson, in St. Mary's Hospital. It had been growing for nearly four years, and weighed eight pounds and a half. All the patients are doing well.

Operations for Urethral Stricture.—The cases mentioned last month continue under care; no others have occurred.

Paracentesis Thoracis.—The cases mentioned last month are still in their respective hospitals. Dr. Bennett's case is nearly in *statu quo*, and the one under the care of Dr. Chambers, operated on for pneumothorax, is, as might be expected, in a very critical state.

Paracentesis.—For *ovarian dropsy* four times; after one of which the patient died. It was the thirty-fourth time she had been tapped. She was in the Middlesex Hospital, and under the care of Dr. Frere. For *ascites* four times. One patient is in a critical state; all the rest have recovered.

Ligature of Nævus, &c.—The case alluded to last month has been discharged well. There have been performed seven operations during the month. Four of these were by means of the ligature; and all are recovered. In one other, under the care of Mr. Pollock, in St. George's Hospital, the galvanic cautery was first tried, but the bleeding being profuse, it was deemed safest to apply a ligature. It has recovered favourably. Injection of a few drops of the solution of perchloride of iron has been tried on one case, by Mr. Cock, in Guy's Hospital. The nævus was to a great extent subcutaneous, and was situate on one side the bridge of the nose of a child. The injection produced no suppuration or undue irritation, and the tumour has since become solid; it is not, however, as yet much decreased in size.

Operations for the Cure of Varicose Veins.—A successful case has occurred under the care of Mr. Simon, in St. Thomas's Hospital, in which the obliteration of the enlarged veins in the leg of a middle-aged man was effected by the introduction of needles (three) behind the trunks, and making compression over them by the twisted suture.

Radical Treatment of Hydrocele.—Number of cases 6, all successful, and all by the injection of the compound tincture of iodine.

Tracheotomy.—Two cases left by last month's report are still under care, and in neither of them is the patient yet able to breathe well without the canula. The operation has been performed during the month on a child, suffering from croup, by Mr. Fletcher, one of the House Surgeons to St. Bartholomew's Hospital. The patient was *in extremis*, and the case terminated fatally about four hours afterwards, the dyspnœa, at first relieved, having subsequently increased gradually.

Tenotomy.—Division of the tendo-achillis

has been performed four times in all, with success.

Fistula in Ano.—The case reported under treatment last month still remains so.

Puncture of the Bladder.—Once after extravasation of urine. The patient died on the ninth day, with extensive disease of both kidneys, probably tubercular. The case reported last month remains under care.

Operation for Cure of Ununited Fracture.—The reported case remains under treatment. No others have occurred.

Plastic Operations. Harelip.—The case reported last month, and three others operated on during the month, have all recovered.

Vesico-Vaginal Fistula.—The cases reported last month, are progressing favourably, but still under treatment. Mr. Erichsen's operation of transplanting skin for the closure of an opening into one nostril has succeeded, and the patient has been discharged. When the parts are quite consolidated, and the œdema subsided, it is hoped the deformity which remains will not be great. Two cases of operation for the relief of contracted cicatrices of burns, reported last month, still remain under treatment in their respective hospitals. Transplanting operations, for the relief of severe ectropium, have been performed with success in three cases—one under the care of Mr. Partridge, in King's College Hospital, another under that of Mr. Paget, in St Bartholomew's, and a third, under that of Mr. Haynes Walton, in the Central London Ophthalmic. To another important plastic operation, by Mr. Paget, we must devote a few lines. The patient, a man, in rather delicate health, aged thirty-four, had had, in consequence of sloughing from urinary infiltration, the floor of the penile portion of his urethra completely destroyed to the extent of about an inch and a half. The catheter, when introduced, was visible from the anterior verge of the scrotum to within a short distance of the commencement of the glans. Many months having elapsed since the occurrence of the first disease, and the parts having got into a perfectly quiet and stationary condition, Mr. Paget determined to attempt an operation for the closure of this opening. This was done nearly in the manner adopted by Mr. Le Gros Clarke, in a successful case published in the *Medico-Chirurgical Transactions*. A gum-elastic catheter having been introduced, the edges of the aperture were pared and then dissected up from the sides of the penis to a sufficient extent to allow of the under surfaces (not the edges) of the flaps, being made to meet over the catheter, the raw surfaces thus placed in apposition having a breadth of about a third of an inch. To retain them there, an ingenious plan, which we have not before seen tried, was resorted to. Sutures of ordinary stout silk were introduced through both flaps at short distances from each other, each of them having fixed at one end a moderate-sized shot-corn; another shot, with a hole through its middle, was then threaded on to the opposite end of each suture, and passed down low enough to hold the parts tightly together, and then immovably fixed by being compressed with forceps. After the operation everything looked promising; the parts were in most accurate apposition, without there being exerted any undue tension or pressure. The gum catheter was of course retained, and on the third day the flaps appeared to be uniting favourably. In the night of the fourth, however, the catheter having been accidentally stopped, the man made some paroxysmal efforts to pass his water, in one of which the urine was forced by the side of the instrument, and broke open the line of union in many parts. None of the sutures had previously been removed, but after this untoward accident the parts became swollen and unhealthy, the sutures were of necessity taken out, the whole ultimately gave way, and the condition of the parts is now much what it was before the operation.

Employment of Cautery, &c.—In a case of perineal fistula, in University College Hospital, Mr. Statham has resorted to the actual cautery, a heated iron, and under its use the aperture is much diminished. In St. George's, Mr. Pollock has in two cases made use of the galvanic cautery; in one, a case of vesico-vaginal fistula, with much benefit, in the other, for the destruction of a vascular growth within the meatus of the female urethra; in the latter it has not been completely successful. All the patients remain under care.

Operations for Cataract.—Extraction, two cases successful, one a failure. The successful cases were both under the care of Mr. Haynes Walton, in the Central London Ophthalmic Hospital. *Depression* one,

successful. *Absorption* two, both progressing favourably.

Operations for Artificial Pupil.—Mr. C. G. Guthrie's case, recorded last week, has recovered, with much improved vision. Two others have been successfully operated on by Mr. Walton.—*Med. Times and Gaz.* Oct. 22, 1853.

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History of the Recent Epidemic of Infantile Leucorrhœa. With an Account of Five Cases of Alleged Felonious Assaults recently tried in Dublin. By WILLIAM R. WILDE, F. R. C. S., Surgeon to St. Mark's Hospital.

(Concluded from page 180.)

In the *Medico-Chirurgical Transactions*, Mr. Kinder Wood has described the disease in its most acute and dangerous form, as ten out of twelve cases proved fatal. In his Surgical Lectures, Mr. Lawrence describes the disease under the head of a "Peculiar Affection of the Genitals in Female Children"—see *Medical Gazette* for August 21, 1830, vol. vi. p. 828)—and mentions a case in which he was concerned, and which was tried at the Old Bailey, in which it was supposed, "in consequence of previous professional opinions, that it was the venereal disease; the child was questioned and interrogated, until, I believe from fear and apprehension, she gave in to the idea that had been suggested and strongly entertained by the parents, and said that a certain youth had done something or other to her." As the learned author did not mention, in the work referred to, what the result of the trial was, I lately wrote to him, and received the following answer: "I can, however, inform you, that the accused person, who was of respectable family and character, was acquitted. I do not know that there is any legal report of the case. The child was not seen by me until the ulcerations, which had been extensive and deep, were cicatrized. The affection had been pronounced to be venereal by a general practitioner, who was first called in; and this opinion was corroborated by a surgeon of some eminence, although not connected with a hospital. The matter was first brought before the police-office in Bow Street, where the magistrate—the late Sir Richard Birnie—having inquired very carefully into all the circumstances, and heard my decided opinion respecting the nature of the disease, and its entire want of resemblance to syphilis, dismissed the complaint. The friends of the child, however, still trusting to the different view of the two gentlemen first consulted, brought the matter before the Criminal Court at the Old Bailey, where the judge, having heard my evidence, and looked at the paper of Kinder Wood, in the *Medico Chirurgical Transactions*, vol. vii. to which I had referred, the counsel soon stopped the case. I have since seen many instances of this affection, of which the local symptoms are often severe; but, in my experience, it has not been so serious as in that of Mr. Wood, nor in any instance fatal."

One of the latest authorities upon this subject is Mr. Kesteven, of London, who, in the *Medical Gazette* for February 28, 1851, has recorded a case of this very nature, and attached thereto some practical and useful observations, from which the following is an extract. With reference to the physical indications of chastity, the medical opinion upon which, he says, may be divided into two classes, the public and private. the former, or the most frequent, "are those in which vaginal discharges in young children are mistaken by the parents or friends for the evidences of sexual intercourse by elder male persons having gonorrhœa or syphilis. Such cases have frequently occurred to myself, as they have to others; and, although now better understood by the profession than formerly, yet so strong is often the notion entertained by the public with regard to these cases, that it is not unfrequently extremely difficult to persuade parents that we have merely to deal with the results of ordinary disease, and not with those of violence. This notion, in several cases that have come under my notice, has unfortunately been *confirmed by hasty and erroneous opinions*, given by surgeons on the mere representation of the friends, without a proper examination having been made. *It is scarcely possible to speak too severely of such culpable and wilful ignorance.* Within the last few weeks, a child of nine years of age was brought to me, upon whom it was suspected that violence had been inflicted. A careful examination afforded evidence that the case was simply one of vaginitis. There was complete absence of any indication of violence, for although it can scarcely be believed to be possible that sexual entrance into the

vagina of an infant could, under any circumstances, be perpetrated; yet in the *attempt*, much contusion of the young and delicate soft parts *must have ensued*, had it been made. The parents were satisfied, and an individual unjustly suspected was forthwith released from so odious an imputation."

What might have been the result had Cosgrave's case gone to the jury, or what would have been the charge of the lord chief-justice, it is difficult to say; but it was quite manifest that the court held the medical opinions for the defence at a discount. Conversing with some of the most intelligent of the jury, they informed me that, independently of the *alibi*, they were strongly inclined to an acquittal on account of the contradiction of the crown witnesses; and that, being conversant with such cases, they made it a rule to acquit where the man was not diseased.

With respect to the *alibi*, which, like all similar evidence, must be a matter of the merest chance—but was here the means of saving the prisoner where medical evidence was not receivable—it was so far useful in assisting the public to come to a proper conclusion as to the veracity of the witnesses produced by the crown.

Several questions of grave importance are suggested by the foregoing details; and first, with regard to the original propagation of such cases in a pathological as well as an ethical point of view. The disease, although denominated by Churchill and other modern writers upon the diseases of children, *leucorrhœa infantilis*, is better designated by the term *vaginitis*, for it is of a much more inflammatory character than either leucorrhœa or gonorrhœa, at least, as these two diseases present in the adult female; and the discharge is much more profuse in the former, and much more purulent in the latter. This discharge proceeds principally from the vagina, although the external parts are generally bathed with it when we come to examine them, in the same way as the surface of the glands and the inside of the prepuce are usually covered with discharge, in persons labouring under gonorrhœa, particularly where the foreskin is abundant. The redness and swelling of the labia, clitoris, and orifice of the vagina, are generally very great, and the hue of the former is somewhat purplish. Not being acquainted with the appearance of gonorrhœa in children under ten years of age, I cannot say whether the inflammatory symptoms are equal in appearance to those now described. The disease is, I believe, usually painless in the first instance; and it is only when excoriation has taken place from the irritation of the discharge, and that the urine passing over the abraded surface produces some degree of soreness, that any complaint is made. After some time, the period varying according to the virulence of the disease, and the state of cleanliness or the contrary in which the child is kept, the discharge excoriates the labia both on their external and internal surfaces, the fourchette, perineum, the margin of the anus, and all that portion of the integument of the thighs washed by the discharge, or which come in contact when moved one upon another. In fat children, the amount and extent of excoriation, which presents much the character of an eczematous eruption, is always greater than in those who are thin, or have been in any way wasted by previous ill health. The extent of this eruption is generally very well marked by a defined eczematous margin, extending from the pudendum, in a crescentic form, over the thighs, and sometimes into the cleft of the nates. The character of this eruption, its *defined margin and extent*, may possibly, to a practised and unprejudiced eye, serve to distinguish this disease from the results either of violence or the mechanical irritation produced by the "friction of the penis" between the thighs and external labia, as was endeavoured to be proved by the crown in the late trials in Green Street.

With respect to the discharge, it is generally of a very acrid nature, and is the cause of the excoriation and eruption upon the true skin; and, unless the disease has been discovered by accident in an earlier stage (such as by observation of the child's linen, or by the chance of some second party seeing the child), the two circumstances which first attract attention are, the difficulty of walking, or the pain in making water; but the date of the discovery varies from a few days to several weeks, according to the violence of the affection, or the care and attention bestowed by mothers on their children.

For the same reasons, the duration of the disease will vary from a fortnight to six weeks or two months. The age at which this vaginitis is most frequent is from four to ten, but it may appear earlier, of

which an example is given in the *Association Medical Journal* for the present week, August 27, extracted from the *Deutsche Klinik*, in which this disease appeared in a child five months old, and produced inflammation of the lymphatics and violent constitutional symptoms. The causes of the disease have been already explained in the foregoing portion of this communication. The little patient is generally pale, and looks out of health; the tongue is almost invariably white; and there is some loss of appetite. The treatment consists in extreme cleanliness, the use of mild astringent washes, attention to the state of the digestive organs, the administration of bark and other tonics, and the removal to a more healthy atmosphere. Where the disease has been of long standing, as in the case of the child Cosgrave, and the excoriation and superficial ulceration has proceeded to any depth, the parts bleed freely, even with handling; and, therefore, if such friction as the medical witness swore might have taken place, and, as the crown wished to prove, had really *occurred while the child was labouring under the disease*, very great pain must have been experienced, and considerable hemorrhage ensued.

Is the disease communicable by infection? Professors Cusack and Geoghegan think it is;* and their evidence, when published, will prove this. If it be, and that the accused man has no disease, it ought, in the minds of dispassionate persons, to go far in exculpating him. Suppose, however, that the unfortunate man accused of the crime happens to have gonorrhœa, what will be his defence? This is a very serious question, which I submit to the ingenuity of medical jurists, and to practitioners acquainted with the appearances of gonorrhœa, and also of vaginitis, in young children.

Under two circumstances only is the violation of a child of tender years likely to be attempted; to get rid of disease by instantaneous transmission upon the application of the male to the female genital organs, under the ignorant delusion to which I have already referred; or for the gratification of sensual lust. In the former case, the man's passions need in nowise be affected; he may, as I endeavoured to explain to the court at the late trials (because I have known such to occur), simply apply the penis to the genitals of the child, as (in his opinion) a sanitary measure; and thus a rape would, in the eye of the law, be consumated, and the disease be communicated; whereas, in the latter, with aroused passions, a certain amount of violence (even without penetration, which is scarcely possible) must be inflicted upon the labia and external parts, and evidences of which would be unmistakable.

Suppose, however, that a violater was careful enough (as in the five cases tried at Dublin) to avoid rupturing the hymen, but simply to have recourse to the "friction" with the penis, sworn to by the medical officer of the crown, would the consequences thereof be a profuse vaginal discharge, such as that seen in the cases which recently formed the subject of investigation here? Or, again, if the discharge proceeds only from the external parts and the true skin, must not such discharge be the result of suppuration consequent upon extreme violence, laceration, and contusion, such as would attract the attention of the mothers and friends, long before such discharge was established, no matter how willing children might be to conceal the act? Would not some hemorrhage, or other marks of violence be apparent on the dress? Could children so treated have pursued their ordinary play without complaint, or walked, as one of these did, a couple of miles immediately after the committal of the crime? Would it not be, to say the least of it, a very remarkable coincidence—taking up the opinion of the crown—that each of the five children said to be violated should happen to be at the moment labouring under this well-known affection called "vaginitis," or "leucorrhœa infantilis?" These are medical questions worthy the consideration of the practitioner and the medico-legal jurist, although they may not be appreciated or understood by lawyers; but there are others which intimately concern the police, the crown lawyers, and the country at large, a few of which I will here briefly state.

Have any cases, in which the crime of violation upon a child of tender years has been fully and satisfactorily proved, resembled those which formed the subject of this communication; where, in each instance,

* In the instructions which I gave the lawyers for the defence in Kane's case, I pressed them to ask this question; but they said they were afraid of it. As lawyers, they had nothing to do with the medical question, or the elucidation of truth; they had only to "get off the prisoner."

the state of the child was *accidentally* discovered many days after the date assigned to the commission of the crime? and are any of the signs of rape laid down by medical jurists, either in the infant or adult, similar to those which presented in the five Dublin cases? With respect to "corroborative evidence," such, I believe, can always be procured, because, in most instances, the threatened or tortured child simply acknowledges to the fact of sitting upon the accused's lap, being in his company, or having received some trivial act of kindness from him, at the time and place when the crime is alleged to have occurred; and plenty of witnesses can always be procured to corroborate these facts.

How does it happen that, in no instance, does the child ever tell what has occurred until interrogated or threatened by the mother? She has neither love nor lust to influence her. She has no feeling of shame to cause her to withhold the desired information; and yet it is supposed that, for a "bit of sugar," or a "pennyworth of strawberries," she (who may have been heretofore truthful, affectionate, and obedient) will withhold from her friends the name of her ravisher for days together, or until compelled to give it up by threats or punishment; or that she only remembers the name when mentioned to her? With regard to the veracity of children, much might be written, did space permit; but all who are acquainted with human nature know with what pertinacity they will adhere to a lie equally with the truth; and, as a certain amount of latitude is given by the court and the jury to children, lawyers say they are "dangerous witnesses" to cross-examine. Those who practise medicine much among the lower orders can bear testimony to the difficulty of eliciting the truth about the most ordinary accident or disease among young children.

Generally speaking, the mothers are themselves fully convinced of the commission of the crime, and are, therefore, not only most justly indignant, but are anxious, by every possible means, to have the accused party punished. One can, therefore, understand how persons in their rank of life will, by constantly going over the case with a child, prompting it when it forgets, and suggesting to it when it comes to the recital of the commission of the act, not only persuade the child into the positive belief of the occurrence, but also tutor it into details such as few prostitutes would be willing to recite. (Such really occurred in the case of Walsh *v.* Barber.) These infatuated mothers are much to be pitied, more particularly when the police, the medical examiner (who should, in such cases, be the guardian of their honour), and the law-officers of the crown, back them in their mistaken idea. They should be shown the moral injury they are inflicting on their children—forcing them, under the threat of torture, to lie; demoralizing their young minds, by tutoring them into descriptions of scenes of immorality; exposing them in public courts, and attaching to them in after life the stigma—one which will not be forgotten among their friends and neighbours—that they were violated and diseased. Lawyers must be shown, that all these cases are got up by a systematic procedure on the part of the mothers, and that, in nine cases out of ten, that procedure is but a paraphrase of the scene so graphically described by Sir Astley Cooper. So long, however, as such cases are entertained by the police, supported by medical testimony, and brought forward by the crown prosecutor, so long will they continue to disgrace science, morality, and justice. But then, it must be remembered that, with the exception of the presiding magistrate, each person concerned in the trial has a pecuniary interest therein. Having once taken up the case, the police, no doubt with the best intention, endeavour to show that crime has been committed. The medical officer of the police is not only paid for the examination, and the subsequent examination at court, but, being himself a policeman, looks with a jaundiced eye upon all accused persons. The crown solicitor receives his salary, and all his clerks and officers are paid for their briefs, and what is called "the getting up of the case." The attorney-general is paid his fee, and all the crown lawyers are paid their fees—the county pays for all. Where does the fault lie? I believe in the police-office. If the cases were properly investigated there, all this unnecessary expense, all this disgrace toward the accusers, and unjust accusation of the accused, might be avoided. The system of medical police in this country is lamentably defective, and of this we have had examples in this and in other trials of

recent date, and which have served to bring medical evidence into disrepute, not only with the lawyers but with the public. I conceive it to be the duty, as I have already stated elsewhere,* of the medical adviser of the police, not only to be well acquainted with the jurisprudence of the case he is required to investigate, but "to afford *negative* as well as positive evidence, and to inform the magistrate, when cases like those under discussion are submitted to his inspection, that the disease which, to use the words" of Dr. Ireland, after the late trials had taken place, "gave rise to the *unnatural* suspicion of the mother," affords of itself no evidence of attempted violence, but is an affection peculiar to a certain class of children. The magistrates had, I think, in the case of Barber, insufficient evidence to send it for trial, the child having sworn that the crime was committed in a public hall, in the erect position, while her feet were on the ground, and by a man six feet high, who was perfectly free from disease, whereas she (the doctor said) was labouring under gonorrhœa.

In conclusion, I do not think it necessary to offer any apology to my readers for this lengthened recital, which I have made solely upon public grounds, and with a well-founded hope that it will be the means of causing a stricter investigation into such cases for the future, while it can in nowise assist to clear the guilty where the crime has been absolutely committed, as no doubt it often is. The works on medical jurisprudence, both in English and other languages, contain the records of many cases similar to those which I have described; but, in addition to those already referred to, I would call the attention of my readers to the following extracts from the work of Dr. Taylor, now the highest authority in this country: "The existence of a purulent discharge from the vagina has been erroneously adduced as a sign of rape in these young subjects. The parents, or other ignorant persons who examined the child, often look upon this as a positive proof of impure intercourse, and perhaps lay a charge against an innocent person, who may have been observed to take particular notice of the child. Some cases are reported, by which it would appear that individuals have thus narrowly escaped conviction for a crime which really had not been perpetrated. . . . It is met with in girls up to six or seven years of age; and children thus affected have been tutored to lay imputations against innocent persons. . . . This state may commonly be distinguished from the effects of violence by the hymen being entire—the non-dilatation or laceration of the vagina*—the red and inflamed condition of the mucous membrane, and the abundance of the purulent discharge, which is commonly much greater than that which takes place as a result of violence. Capuron mentions two cases in which charges of rape on children were falsely made against innocent persons on account of the existence of a purulent discharge, the nature of which had been mistaken.

"As a summary of these remarks with respect to purulent discharges, we may observe that they should never be admitted as furnishing corroborative evidence of rape, except: 1. When the accused party is labouring under gonorrhœal discharge. 2. When the date of its appearance in the child is from the third to the eighth day after the alleged intercourse. 3. When it has been satisfactorily established that the child had not previously to the assault any such discharge. It may be said, however, that all these conditions may exist, and yet the prisoner be innocent, for a child may, either through mistake or design, accuse an innocent person." P. 581.

Had these tests been applied in the first instance to the five cases brought forward in Dublin, they would, in all probability, never have come to trial; but, on the one hand, the police examiner stated that he formed his opinion irrespective of that of any other surgeon; and the crown lawyers and the judges would still have informed us, as the lord chief-justice did with Sir Astley Cooper's statement, that it was only a medical opinion, and not law.

There is only one other subject which, though scarcely worthy of notice, suggests itself from the foregoing inquiry, but, as it might hereafter form a precedent for lawyers, it is worthy of examination. The police adviser swore in his informations that the whole assemblage of symptoms seen in the children, Cosgrave and Del-

* See letter published in the Freeman's Journal for August 9, 1853.

* Is it possible to dilate a child's vagina without rupture of the hymen?

mere, "might result from riding on a stick." Now, I have searched carefully through medical and medico-legal works, and I have also inquired very extensively among my friends, and I cannot find a single instance of a disease resembling infantile vaginitis produced by this amusement. —*Med. Times and Gaz.* Oct. 29, 1853.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Transactions of the American Medical Association.—We are happy to announce the publication of the sixth volume of the *Transactions* of the American Medical Association. It forms a volume of 869 pages, and is illustrated with 33 plates, most of them beautifully coloured, and upwards of 60 wood cuts. It may be obtained by remitting five dollars to the treasurer of the Association, Dr. D. F. Condie, Philada.

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Mortality on Board Immigrant Vessels.—In our preceding No. p. 187, we called attention to this, and to the importance of Congress requiring emigrant ships to have a surgeon on board. Every emigrant ship that has since arrived in New York, furnishes additional evidence of the necessity for such a requirement. One of the papers states the mortality on board the ships which had arrived during the preceding 48 hours, amounted to 365! The following is the list of ships, with the number of passengers and deaths:—

	Passengers.	Deaths.
Centurion, Coombs, Liverpool	378	13
Statesman Watts, Antwerp	272	25
Vancluse, Hewes, Havre	288	—
American Union, Kelley, Liverpool	629	75
Calhoun, ——, Liverpool	875	53
Emma, Fields, Liverpool	440	42
Guttenburg, Visser, Hamburg	296	27
Newburyport, Balch, Antwerp	259	17
Sea Duck, Porter. do.	170	—
N. Y. Packet, Wittenhoven, Antwerp	244	—
Satellite, Amesbury, Havre	196	—
Cæsar, Hamburg	116	7
Delaware, Bremen	250	15
Total	3413	274

Lawrence on the Diseases of the Eye.—A new edition of this valuable work, edited by Dr. I. Hays, with large additions and an increased number of illustrations is now ready for publication.

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Pereira's Elements of Materia Medica and Therapeutics.—We are happy to announce that the second volume of the new and greatly improved edition of this valuable work is nearly ready, and will be published early in the present month.

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Cholera at New Orleans.—New Orleans has had but a brief respite from sickness. The cholera has succeeded to yellow fever. The Board of Health report for the week ending Nov. 28, 211 deaths, of which 129 were from cholera.

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Death of Dr. Thomas Hobson.—At a special meeting of the Northern Medical Association of Philadelphia, held November 15, 1853, the following preamble and resolutions were unanimously adopted:—

Whereas, It has pleased Almighty God to remove from our midst, to his final home, Dr. Thomas Hobson, one of our esteemed and talented associates: Therefore,

Resolved, That we deeply sympathize with his bereaved family, in this dispensation of Divine Providence; and that the President and Secretary be instructed to convey to them the sincere condolence of this Association for the irreparable loss they have sustained.

Resolved, That the members of this Association attend the funeral.

Resolved, That the foregoing preamble and resolutions be published in the *Medical Examiner* and *Medical News*, and in one of the daily papers.

N. L. HATFIELD.

Thos. Bond, *Secretary.*

FOREIGN INTELLIGENCE.

Death from Chloroform.—Another death from the administration of chloroform has occurred at St. Bartholomew's Hospital. It is proper to state that in that hospital the administration of the agent is always confided to the very able charge of Dr. Black, one of the assistant surgeons; and, as will be presently seen, it adds another to the

many proofs we already possess that no care or foresight can prevent the occasional occurrence of a fatal result from the inhalation of chloroform, and should teach us a lesson of caution, never to administer this article but in cases of extreme urgency.

The following history of the case and the autopsy are given in the *Med. Times and Gaz.* (Oct 29, 1853):—

"On Thursday afternoon, Oct. 20, it was intended to apply the actual cautery to a sore of cancroid nature in the vagina of a patient named Ann Smith, aged 22 years. She was a stout, florid young woman, formerly of dissolute habits, but apparently, with the exception of the local ailment, in perfect health; she had been in the hospital several months, and, about a fortnight previously, had been put under the full and prolonged influence of chloroform, for a like purpose, and without the occurrence of any untoward symptoms whatever. Her pulse was regular, of good power, and average frequency. It had been ordered that she should omit her dinner on the day of the operation, but, as discovered at the *post mortem*, she had, unknown to the nurses, taken a quantity of food, though not a full meal.

"The usual form of inhaler was employed —a padded metal cup, fitting over the nose and mouth, and supplied with valves. A drachm. by measure, was first poured on the sponge, but, as the administration did not immediately commence, a considerable part of this was no doubt wasted; after a short inhalation, a second drachm was supplied, and subsequently the farther quantity of half a drachm. The patient had gone through the usual stages of excitement, etc., and the last dose was scarcely used as she sank off, almost immediately after its application, into a state of complete insensibility, unattended by any alarming symptoms. About five minutes had been occupied in the inhalation, and probably not more than a drachm and a half of the fluid really inhaled. The apparatus was now removed from the face, and the patient having been drawn into the proper position, Mr. Paget was about to commence the operation, when Dr. Black, who throughout had kept his finger on the pulse, noticed it to have become extremely feeble and fluttering. Almost immediately afterwards, the patient's countenance was observed to be dusky, turgid, and congested, and the respiratory movements began to be performed at long intervals, and by slight catching efforts. No time was lost; cold water was at once dashed on the thighs, face, and breast, and, the failure in the respiration becoming shortly complete, Mr. Paget immediately began artificial insufflation of the lungs, by alternately blowing into the nostrils and compressing the chest. Just before commencing this process, Mr. Paget had ascertained, by drawing the tongue forwards and examining the glottis with the finger, that the epiglottis was not pressed down. Artificial respiration through the natural passages having been very efficiently kept up for about ten minutes, the nose appeared to have got clogged, and Mr. Paget accordingly performed tracheotomy, in order to permit of the more free introduction of air into the lungs. A brandy enema was administered, and, within ten minutes of the seizure, galvanism was also put in use, but without any good result; and, after about three-quarters of an hour had been spent in persevering efforts to produce reanimation, they were laid aside as hopeless. It was noticed that, immediately after the first alarming symptoms, the pupils were of medium size, neither contracted nor dilated. All efforts at respiration ceased about two minutes after the first indications of failure; the pulse, however, as a very feeble flutter, was felt occasionally for at least two minutes later. Thus, then, the facts of the case were briefly these: A patient, in profound coma, from the administration of an anæsthetic, had, the exhibition of the drug having been remitted, been suddenly seized with symptoms of failing circulation, followed by the speedy suspension of respiratory efforts. The pulse had remained perceptible a little time after the cessation of the latter, and had been lost, together with every manifestation of vitality, within five minutes of the first indication of danger. Every effort to re-excite the play of the organs essential to life had been fruitless. In the turgidity and suffusion of the countenance, there had been some indication of death by asphyxia. The preceding coma, and the fact that the failure of the pulse had been the first symptom exciting attention, each pointed to other conclusions. The brain, the heart, the lungs—in which organ had death commenced? This seemed the important problem. Let us now see what evidence the

post-mortem examination furnished for its solution.

"*Autopsy, performed by Mr. Paget, twenty-two hours after death.*—The countenance was still bloated and suffused; the *post mortem* rigidity was moderate in degree, or rather less than usual; there was much congestion and lividity of the skin of the depending parts of the body; the corpse was very fat. The thorax was first examined, and nothing whatever abnormal could be detected in any of its viscera. The lungs were healthy and crepitant in every part; their posterior lobes were not more congested than is seen in almost every examination. The heart, collapsed, but not contracted, and containing a small quantity of fluid blood in each cavity, was of normal size and proportions in every respect, and its muscular structure, examined by the microscope, showed no degeneration. Excepting that the exterior of the right kidney was puckered in places, as if from disease in early life, nothing worthy of note was observed in the abdominal viscera. The brain, its sinuses, ventricles, etc., were all carefully examined, and neither in texture nor quantity of blood was anything abnormal detected. The spine was not examined. In every part inspected — the heart, great vessels, lungs, vessels within the abdomen, those of the scalp, pia mater, and brain—the blood was universally fluid, and without the slightest trace of coagulum, or even of inspissation. Collected in the quantity of an ounce or two, and allowed to stand in an open vessel, it did not coagulate, nor, in any material degree, change its dark purple colour. Looking then at these facts, and comparing them with the symptoms manifest during life, we seem compelled to seek in a humoral pathology the cause of the patient's death. There was no visceral disease, functional or otherwise. In all probability the blood, poisoned past recovery by the vapour it had received, had died; and ceasing then to afford to any of the organs their natural stimulus, the whole of the vital functions had ceased almost coincidently.

"This case, in common with most of those which occur in our metropolitan hospitals, has one most especially melancholy aspect—a matter, as far as our knowledge goes, of pure accident, it teaches us nothing for the future. We need not recapitulate, to convince the attentive reader that the patient was one to whom chloroform might, with the least of apprehension, be administered. She was in good health; she had taken it safely before. Then, again, in the manner of exhibition, every precaution was adopted, and, in the after treatment, all that science could suggest was perseveringly tried. In our large hospitals, the requisite skill, assistance, and appliances are always at hand; and there, if anywhere, an immunity from fatal results might be expected. It is mournful, indeed, to consider that from cases such as the last three or four which it has been our lot to record, the practical surgeon gains no knowledge calculated to authorize the hope that in future the like tragedies will be of less frequent occurrence."

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Death from Chloroform during its Administration previous to an Operation for Hernia, in University College Hospital. Under the care of Mr. Quain.—The profession and the public at large are probably becoming alarmed at the repeated instances of death brought on by the inhalation of chloroform, and it is for ourselves a melancholy duty to report these unfortunate cases. In most of them, the autopsy has been performed with the greatest care, and pathologists have endeavoured to discover, in the morbid alterations of the solids and fluids, a clue to the sudden cessation of life in patients who seek anæsthesia in the inhalations of chloroform. Have these careful examinations led to the desired result? Are we in possession of rules by which we can foresee the danger ere the nervous pulp has been too completely narcotized? We are afraid not; and those well acquainted with the administration of chloroform will be obliged to confess that no very marked progress has been made as to the means of averting a fatal result.

It was thought for a while that a great deal depended on the more or less anæsthetic practice of the person who administers the chloroform, and much reliance was placed on what are called experienced hands; but this confidence has proved fallacious, for fatal cases have occurred with the most practised and scientific chloroformists. The fact probably is, that the whole matter rests, not so much on actual pathological changes which may have taken place in the organs of the patient before he inhales chloroform, as on idiosyncrasies.

We are free to admit that this is an unsatisfactory expression, and that the word idiosyncrasy only covers our ignorance; but there nevertheless exists a more or less marked difference in the tendencies of individuals, both as regards healthy nutrition and morbid alterations; add to that the influence of habits and mode of life, and you will have the import of what may be called constitutional peculiarities. Now, it is plain that these peculiarities are extremely difficult of detection; and when we consider that they have, perhaps, more influence on the eventual results of chloroformic inhalations than the presence or absence of fatty heart, it may at once be seen that, in the present state of science and practice, such inhalations must be surrounded with a certain amount of hazard.

And yet it seems to be perfectly well known, from experiments upon animals, by what progressive steps chloroform produces the insensibility of the nervous power. Flourens tells us that the anæsthetic effects travel from the lobes of the hemispheres to the cerebellum, then to the posterior half and roots of the nerves of sensation in the spinal marrow, then to the anterior half and roots of the nerves of motion, and lastly to the medulla oblongata and annular protuberance, or vital knot. The same author has shown that an animal, subjected to inhalations of chloroform, loses first the intellectual faculties, and the power of regular and well-poised motions; he afterwards loses feeling, and then the power of motion. At this period, the vital force, hunted, as it were, from place to place, becomes concentrated in the medulla oblongata. This, then, is the only portion of the encephalon which resists the anæsthetic influence, and the animal would soon perish by this last barrier being overcome; for, as M. Flourens says, very plainly, "chloroform takes away *pain*, but it also takes away *life*."

Emily R——, aged forty years, and a widow, was admitted, October 5, 1853, under the care of Mr. Quain. The patient was suffering from strangulated femoral hernia on the left side, which resisted the taxis with and without the warm bath; she had had severe vomiting, pain at the umbilicus, and constipation of the bowels, for two days before admission. The hernia had been existing for some time past, and a truss had been procured, but there is a doubt whether she wore it regularly. The patient's habits have been very intemperate. She was intoxicated three days before the strangulation, and did not see any medical man until the morning of her admission.

Mr. Quain was sent for. He arrived about twenty minutes to two in the morning of October 6, and at once decided upon operating. The patient had remained in the bath about three-quarters of an hour, and did not feel particularly faint whilst in it.

Mr. Hillier at once commenced giving chloroform in ward 5, and used a long piece of lint of about the extent of the hand, and folded twice. One drachm of chloroform was then poured on the lint, and applied about one inch from the nose and mouth, the apparatus being gradually approximated, and the face covered with a towel. She inhaled the chloroform as patients generally do, said scarcely anything, and was not excited. The pulse remained very good for two or three minutes, when forty drops of chloroform were poured on the lint and applied as before. Within a minute of this renewal of chloroform, the patient began to struggle both with her arms and legs, which she moved about very actively. During the struggle, Mr. Hillier had hold of her right hand, keeping it steady, and trying to feel her pulse; the task was, however, difficult, owing to the struggles. The latter became very strong, but, after lasting perhaps a little more than half a minute, they ceased, and *immediately* stertorous breathing commenced. The stertor was very loud and rough, not at all of the common kind. Mr. Hillier at once removed the lint and towel from the patient's face, and observed that the pulse had stopped. She drew several short inspirations, then two or three long ones, and ceased to breathe.

Immediately the pulse was felt to be wanting, cold water was dashed on the face; as soon as the breathing stopped, galvanism was also applied within one or two minutes, and she drew distinctly three or four deep breaths after the ordinary respiration had ceased to go on uniformly. No pulse was felt afterwards, but artificial respiration was excited through a wound made into the trachea, and kept up for about half an hour. One of the bystanders stated that the patient's face was convulsed when first exposed. It was slightly livid, the depth of colour increasing pretty rapidly. The pupils

were dilated, and the *tongue was not retracted*, for Mr. Hillier felt for it immediately.

The quantity put upon the lint was just one drachm and forty minims, and chloroform had been given in the same manner, and from the same bottle, to six patients, on the very day which preceded the patient's death. Five of these had been narcotized by Mr. Hillier himself, and they had mostly had more chloroform than the present patient.

Post-mortem examination, conducted by Dr. Garrod, thirteen hours after death.—Rigor mortis well marked in all the limbs; a great deal of fluid blood was seen in the thorax on removing the sternum; abdomen very tympanitic. On opening the pericardium, about an ounce of colourless fluid escaped. The heart was quite collapsed and empty, which circumstance was possibly due to the extreme fluidity of the blood which had escaped during the separation of the sternum. The parts have, however, not been much disturbed, and the head is lying at the upper part of the table, so that the blood would have had to flow upwards. Anterior aspect of the heart, chiefly the right ventricle, covered with fat, the muscular fibres being visible only in one or two places. The largest patch of muscle is seen towards the middle of the organ, a little to the right of the septum. The body generally is by no means remarkable for adipose deposit. No appearance of adherence in the thoracic aorta. The weight of the heart, without opening, is seven ounces and three-quarters. The aortic valves sustain a column of water well; so also do the pulmonary. The tricuspid valves are slightly beaded, but moderately healthy, and admit the tips of four fingers. The walls of the right ventricle are flabby and pale, their mean thickness being one-eighth of an inch. At some points, the parietes become excessively thin and encroached on by fat, and at other places there is scarcely any muscular fibre visible at all. This extreme thinness is mostly perceptible near the apex of the ventricle. Left ventricle: wall flabby, dry in appearance, pale in colour, easily rent; average thickness, half an inch; the mitral valve admits the thickness of three fingers, and is healthy. The right lung is crepitant throughout, there is no marked engorgement, and no tubercles are observed. Weight, seventeen ounces and a quarter. Left lung, seventeen ounces and a half, the characters being the same as on the right side. Vessels on the convex surface of the brain not congested; some slight thickening of the membranes seen in places. Near the longitudinal sinus, the arachnoid was here and there thickened and opaque. On section of the hemispheres, the red points were not found numerous, and the contrast between gray and white matter was well marked. There was no fluid in the ventricles, and the substance of the brain was firm. Other parts of the brain quite sound. No coagula are to be seen; all the blood is fluid and of a dark colour. The upper part of the small intestines was much distended with air, as well as the stomach. The portion of bowel below the strangulation, including part of the small, and all the large intestines, is very narrow and contracted. Pink streaks are noticed on the superior part of the small intestines, and are of very fine injection; no effusion of lymph; the strangulated portion of intestine was about the size of a hen's egg. Other viscera of the abdomen healthy. The fibres of the heart were examined by Dr. Garrod under the microscope, and presented the usual appearance of fatty degeneration.—*Lancet*, October 28, 1853.

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To Readers and Correspondents.—The present number contains the concluding pages of the first portion of the fourth part of Todd and Bowman's *Physiological Anatomy*, and our readers are now in possession of all that has as yet appeared of this valuable work. So soon as the next, which, it is said, is to be the final part, is published in England, arrangements will be made to place it within the reach of our subscribers.

In our next number we shall commence the publication of the valuable work on *The Pathology and Treatment of Pulmonary Tuberculosis*, by John Hughes Bennett, M. D., F. R. S., &c., Professor of the Institutes of Medicine and of Clinical Medicine in the University of Edinburgh. This will be found to be not only an extremely interesting, but a highly practical work, and is illustrated by a number of most beautifully executed wood-cuts.

Subscribers, who are not in possession of the commencement of Todd and Bowman's *Physiological Anatomy* (Parts I. II. III.), can obtain it in one volume of 552 pages, free by mail, by remitting $2 50 to the publishers.

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